

SPECIAL EDUCATION EVALUTION REFERRAL FORM

Child's Name: _____ Birth Date: _____ Gender: _____
Age: _____ School: _____ Grade: _____ Teacher: _____
Home Address: _____ City: _____ State/Zip: _____ Phone: _____

PRESENTING CONCERN

What are some of this student's personal strengths?

What are some of this child's academic strengths?

Please describe any current concerns you have regarding this student.

Does this student demonstrate any difficult or challenging behaviors? Please explain:

How long have these behaviors been concerning to you?

What has been the most helpful in dealing with this student's current difficulties and challenges?

Have parents been made aware of concerns? If so, by who and when?

INTERVENTIONS

Please list the researched-based interventions that have been attempted, as well as data to support whether these interventions were successful or not.

Intervention Implemented	Data

ACCOMODATIONS & MODIFICATIONS

Please note any accommodations that you have previously used or are currently using with this student and the results of implementing those accommodations.

Accommodations: Changes to the academic setting, changes to a student's the input or output of academic material, without changing the curriculum.

Modifications: Alterations made to the grade level content and curriculum presented to a student.

Accommodations & Modifications	Result

Special Education Referral made by: _____ Date: _____

Special Education Referral form received by: _____ Date: _____