Special Education Referral Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Information | | | | | | | | | | | | | | | | | | | |
| **District:** |  | | | | **STAC ID:** | |  | | | **Student ID#:** | | |  | | | | **Date:** | |  |
| **Student Legal Name:** | | |  | | | | | | | **Name in Student Mgmt. System:** | | | | |  | | | | |
| **Student Chosen Name:** | | | |  | | | | | | **DOB:** | |  | | | | | | | |
| **Gender:** |  | | | | **Pronouns:** | | |  | | **Classification:** | | | |  | | **Grade:** | |  | |
| **Is the student an ELL (English Language Learner)?**  YES  NO | | | | | | | | | | **Interpreter Needed?**  YES  NO | | | | | | | | | |
| **Student’s current program and location:** | | | | | |  | | | | | | | | | | | | | |
| **Reason for referral:** | |  | | | | | | | | | | | | | | | | | |
| **Is referral being sent anywhere else?**  YES  NO | | | | | | | | | **If yes, where?** | |  | | | | | | | | |
| **Requested start date:**  Immediate placement  ESY  FALL  ESY only  Other: | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent/Caregiver #1 (Primary contact for calls) | | | | | | | | | | | | | | |
| **Name:** |  | | | | | **Lives with student?**  YES  NO | | | | | | | | |
| **Relationship:**  Mother  Father  Stepmother  Stepfather  Other (please list) | | | | | | | | | | | | | | |
| **Address:** | |  | | | | **Apt #:** | | |  | | **City:** |  | **Zip:** |  |
| **Cell Phone:** | | |  | | | **Work Phone:** | | | |  | | | | |
| **Home Phone:** | | | |  | | **Email:** | |  | | | | | | |
| **Interpreter needed?**  YES  NO | | | | | **If yes, indicate language needed:** | |  | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent/Caregiver #2 | | | | | | | | | | | | | | |
| **Name:** |  | | | | | **Lives with student?**  YES  NO | | | | | | | | |
| **Relationship:**  Mother  Father  Stepmother  Stepfather  Other (please list) | | | | | | | | | | | | | | |
| **Address:** | |  | | | | **Apt #:** | | |  | | **City:** |  | **Zip:** |  |
| **Cell Phone:** | | |  | | | **Work Phone:** | | | |  | | | | |
| **Home Phone:** | | | |  | | **Email:** | |  | | | | | | |
| **Interpreter needed?**  YES  NO | | | | | **If yes, indicate language needed:** | |  | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| District Information | | | | | | |
| **\*Parents/Caregivers were contacted regarding the referral?**   YES  NO | | | | **Are they in agreement?**   YES  NO | | |
| **District contact for referral:** | |  | **Phone:** | | |  |
| **District Admin Signature:** |  | | **Date:** | |  | |

|  |  |
| --- | --- |
| ⮚ Please include all required documentation listed below: | |
| Current IEP and/or IEP draft for year referring | Related Service Reports—Speech, OT, PT, etc.(if appropriate) |
| Minutes from most recent CSE Meeting | Birth Certificate |
| Current Psychological Report(within 3 yrs.) | Most recent Health Physical(within 12 months) |
| Current Social History (within 3 yrs.) | Record of Immunizations |
| Most recent Report Card/Progress Report | Psychiatric Evaluation (if appropriate) |
| Most recent IEP Benchmarks | Discharge Summary/Treatment Plan w/ recommendations  if coming from a treatment facility or hospitalization |
| Disciplinary Reports with specific details |
| FBA/BIP (if appropriate) | Science Labs (grades 9-12 if student is accepted) |
| Transcript (grades 9-12) | Other |
| **If referral for Transition:** Work-based learning information, Career plan, diploma/credential and/or any credits being held? | |

|  |  |
| --- | --- |
| Ethnicity and Racial Group | |
| **Ethnicity** *(****select one****)*:  Hispanic  Not Hispanic | **Racial Group *(select all that apply)***:  American Indian or Alaskan Native  Asian  White  Native Hawaiian or other Pacific Islander  Black or African American |

Updated 7/2024