Special Education Referral Form

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| 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:  |

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| 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:** |  |

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| 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:** |  |

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| 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:** |  |

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| ⮚ 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/ recommendationsif 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?  |

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| 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