Special Education Referral Form

Referral Request Date: ____________________
Requestor’s Name: ________________________

Student Name: ___________ ID #: ___________ School: ________________ Grade: __________

Teacher’s Name(s): ______________________

☐ Parent/Guardian Request: Yes___ No_____ Court ordered: ________________________

☐ Conversion Yes____ No_____ From what District? Boston Public Schools

Dominant Language: ________________ If other than English:
Home Language: ________________

☐ Is the student’s lack of sufficient progress in the area of concern due primarily to limited English proficiency? Yes ________ No _____X_____ Unsure ______

Reason of Referral:
☐ Academic: Area(s) of Concern ______________________
Current grade level of functioning: Reading: ___________ Math: ___________
Retentions: Yes / No What grades? ___________

☐ Medical: Area(s) of Concern: ______________________
Release of Info Signed: ______________________ Contact with Physician: Yes___ No___
Is there a documented diagnosis? ______________________
Medications: ______________________

Physician’s Comments:

• Related Service Screening: Speech____ OT____ PT____ APE____ Vision____ When & Where ______________________

• Behavior: Area(s) of Concern ______________________
Date of Last FBA: ________________ School: ______________________
Behavior Intervention Plan in place: Yes ___ No ___ Length of Time: ___________ Attached: yes ___ no ___
Behavioral Specialist assigned: ______________________
Student receiving counseling? Yes___ No____ Agency: ______________________

• Attendance: Number of days absent ____ Tardy ____
Attendance Officer Involved: ______________________
Special Education Referral Form

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<thead>
<tr>
<th>Teacher-based Interventions</th>
<th>Research-based Interventions</th>
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<tbody>
<tr>
<td>Intervention</td>
<td>Result</td>
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Area of Suspected Disability

- Autism
- Communication Impairment
- Developmental Delay
- Emotional Impairment
- Health Impairment
- Intellectual Impairment
- Neurological Impairment
- Physical Impairment
- Sensory Impairment/Deaf-Blindness
- Sensory Impairment/Hearing
- Sensory Impairment/Vision

Specific Learning Disability Areas of Concern:

- ___ oral expression
- ___ written expression
- ___ basic reading skills
- ___ reading comprehension
- ___ reading fluency skills
- ___ listening comprehension
- ___ mathematics problem solving
- ___ mathematics calculation

I certify that all efforts have been made to meet the student's needs within the general education program and documentation on the use of instructional support services for the student is provided as part of the evaluation information to be reviewed by the TEAM when determining eligibility.

Principal's Signature
Special Education Referral Form

If LD is checked:

A) The student has been provided appropriate instruction in general education settings and that instruction has been delivered by qualified personnel.

Principal Initials

B) There is data based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of the student’s progress and this documentation was provided to the student’s parents.

Principal Initials