

**REFERRAL FOR SPECIAL
EDUCATION EVALUATION**
Form R-1 (Rev. 05/2019)

_____ **SCHOOL DISTRICT**

Name of child (last, first, middle)		DOB	Grade	School	WISEid (if known)
Name of parent or legal guardian		Address (street, city, state, zip)			Telephone (area code/number)
Person making referral/title			Date and method of notifying parent of intent to refer Date _____ <input type="checkbox"/> Conference <input type="checkbox"/> Phone call <input type="checkbox"/> Written		
Parent's native language or other primary mode of communication, if other than English (specify):					
Is an interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Student's native language or other primary mode of communication, if other than English (specify):					

Date referral received by school district/LEA _____ *(month/day/year)*

The date the district receives the referral begins the 15 business day deadline by which to complete the review of existing information and to notify the parents of whether additional assessments are needed.

In completing the following information, consider concerns about the student's access, engagement and progress in age/grade level general education curriculum, instruction, environment, or other school activities.

1. Describe why you believe this student has a disability:

2. If known, include information about any of the following,:
 - a. Academic/pre-academic achievement (including reading achievement or early literacy):

 - b. Functional performance (i.e. daily living skills, executive functioning, social, emotional, and behavior):

 - c. Relevant medical information (including vision and hearing):

 - d. Programs, services, or interventions that have been used to address this student's needs and the results of such interventions: