

**POSEY COUNTY SPECIAL SERVICES
REFERRAL FOR SPECIAL EDUCATION EVALUATION
(TO BE COMPLETED AND SENT TO PCSS WITHIN 5 DAYS OF FAXING FORM 10)**

Date(s) Completed: _____

SECTION ONE: TO BE COMPLETED BY BUILDING ADMINISTRATOR

Student's STN#: _____

STUDENT'S NAME _____ DOB _____ AGE _____ SEX _____

SCHOOL _____ GRADE _____ (K/ AM OR PM) TEACHER _____ RM# _____

CHECK ONE: Parent Referral _____ Teacher/Counselor Referral _____ Other _____

CORP. OF ATTEND _____ CORP. OF RESIDENCE _____

PARENT/GUARDIAN _____ PHONE (H) _____ (W) _____

ADDRESS _____ CITY _____ ZIP CODE _____

ETHNIC BACKGROUND (circle one): American Indian or Native Alaskan; Asian or Pacific Islander; Hispanic; Black; White (non-Hispanic); or Multiracial

BUILDING ADMINISTRATOR'S SIGNATURE _____

SECTION 2: TO BE COMPLETED BY CLASSROOM TEACHER (ELEMENTARY), REFERRING TEACHER (JR.HS) OR SCHOOL COUNSELOR (JH, HS)

GENERAL REVIEW OF STUDENT INFORMATION TO CONSIDER EVALUATION

Last vision screening date: _____ Pass or Fail (circle one)

Last hearing screening date: _____ Pass or Fail (circle one)

Is there a 504 Plan currently in place for the student? YES NO If yes, attach copy of the plan.

How long has the plan been in place? _____

Is the parent aware of the plan and when informed? _____

SCHOOL HISTORY

List where the student has attended school (use another paper if more space is needed)

Name of School and Address:	Dates Attended:

Indicate the Attendance Records for the last three years (use another paper if more space is needed)

Year	Grade	Absences/General Reason(s)	Tardies

STUDENT: _____

Did the child attend an early childhood program? YES NO If yes, indicate when, where, and for how long.

Did the child attend any other at-risk preschool or kindergarten programs? YES NO If yes, list program and dates.

Has the student ever been retained? YES NO If yes, list when.

What is the area of suspected disability?

SERVICES PROVIDED BY THE SCHOOL

List any school services the child has received (i.e. Reading Recovery, Title Reading, ELL/LEP, social work/counseling, summer school). Include the length of time (years and frequency). Use another paper if more space is needed.

Year	Grade	Type of Services	Frequency

ATTACH RTI /TAT TEAM DOCUMENTATION: List the research-based interventions that are currently in place or have been used in the past to assist the student with learning or behavioral concerns. RTI documentation should be specific information about each intervention in terms of frequency, intensity, and duration. Include all documentation of assessments and student outcome data.

Only complete this section if not documented in attached RTI paperwork.

List any classroom accommodations that have been provided to the student this year. Use specific details and use additional paper if needed.

Accommodation	Length (dates) and Frequency (tell how often provided)	Outcome