**APPENDIX B. MODEL REFERRAL FORM**

**Referral for Evaluation for Special Education**

**Section I: To be filled out by the person making the referral (or LEA staff documenting an oral referral)**

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| Name of person making the referral: | Relationship to the child: | Today’s Date (*or oral referral date*): |
| Telephone number: | Email and/or street address: | Agency of Employment (*for non-parent referrals)*: |
| Name of child: | Child’s date of birth (if known):  | Grade: | School: |
| If referral was made orally: | Date form completed (*to document receipt of oral referral):*  | Name of staff member completing this form *(to document receipt of oral referral)*: | Job title of staff completing this form *(to document receipt of oral referral)*: |

Please state reason(s) you believe this child has a disability and may be in need of special education and related services (e.g., academic and non-academic performance data, medical information, child’s response to any interventions used to address this student’s needs, etc.

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**Section II: To be filled out by the LEA**

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| Date LEA received form: | Name of staff member(s) reviewing this form: | Job title of staff member: |
| If referral was made by someone other than the parent: | Name of child’s parent or legal guardian: | Parent/guardian address, email address, and telephone: |
| Date parent was notified of LEA’s receipt of this referral: | Name & job title of staff member who contacted parent: | Parent contact method: □ In person / conference □ Phone call □ Written (letter/email)□ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent’s and/or student’s native language or other primary mode of communication if other than English (specify): | Is an interpreter needed?□ Yes □ No |
| Next steps by LEA: |