**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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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: | | | | | |