Administrative Unit Name	Date

Legal Name of Child/Student	Child/Student ID	DOB

Special Education Referral

Child/Student's Parent(s) _____

Address _____

City/State/Zip _____

Telephone Number _____

Home Work Home Work

Is there an educational Surrogate parent? Yes ☐ No ☐

Where does the Child/Student Live? ☐ Mother ☐ Father ☐ Both ☐ Other

If Other, Name _____

Address _____

City/State/Zip _____

Telephone Number _____

Home Work Home Work

Grade _____ Age _____ Gender: ☐ Male ☐ Female

Race/Ethnicity ☐ Native American ☐ Asian/Pacific Islander ☐ Black ☐ Hispanic ☐ White

District of Residence (if BOCS) _____

Home School _____ **School of Attendance** _____

Has the child/student ever received special education services? Yes ☐ No ☐

Primary Language Parent Survey, date received: _____

Primary Language/Mode of Communication in the Home _____

Primary Language/Mode of Communication of the Child/Student _____

If the primary home language is other than English, then the child's/student's English language proficiency must be evaluated prior to the special education referral. It is recommended to also evaluate the child's/student's proficiency is his/her primary language.

Name of Instrument _____ Date _____

Proficiency Level	**English**	**Primary Language**
Listening Comprehension (all grades)		
Speaking (all grades)		
Reading (from 2nd grade on)		
Writing (from 2nd grade on)		
Composite score (if appropriate)		

Specific Reason for Referral

What strategies have been tried to improve the situation? If the child/student is limited English proficient (LEP), what alternative language instruction and strategies have been provided, for how long, and with what results?

Person(s) Making the Referral _____ Title _____

Person Responsible for Obtaining Permission for Evaluation

Conference Participants

Name	**Title**	**Date**

ATTACH BUILDING LEVEL REFERRAL FORM FOR MORE INFORMATION, IF APPROPRIATE.