

## Referral for Evaluation for Special Education Services

Student \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_ Grade \_\_\_\_\_  
Primary Language \_\_\_\_\_ Parent(s) \_\_\_\_\_  
Person Making Referral \_\_\_\_\_ Date \_\_\_\_\_  
Relationship to the Student    Parent            Teacher            Other \_\_\_\_\_

*At-Risk Documentation and supporting data must be attached.  
(May not be applicable for Preschool)*

For **Parent referral** list areas of concern:

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Action Taken:

Evaluation recommended. Assigned to:  
Send "Prior Notice and Consent for Evaluation." \_\_\_\_\_

No evaluation recommended at this time.  
Provide prior notice of refusal to evaluate. \_\_\_\_\_

\_\_\_\_\_  
LEA or Designee Signature

\_\_\_\_\_  
Date