

REFERRAL FOR SPECIAL SERVICES EVALUATION

Name of Student: _____

Date of Birth: _____

Relationship to child: _____

Has your child received special services in the past? ___yes ___no ___do not know

When did your concerns begin?

Has your child had any other evaluations and/or Diagnosis relevant to your concerns ?

Brief description of your current areas of concern?

My concerns for the student are: *(check all that apply)*

Academic Concerns

- Reading or understanding what is read
- Writing (putting thoughts/ideas into written words and sentences)
- Math (calculating or problem solving)
- Following directions
- Putting thoughts into spoken words (expressive communication)
- Understanding spoken words (receptive communication)
- Pronouncing words and sounds (articulation)
- Poor handwriting

Physical/Behavioral Concerns

- Attention and concentration
- Complying with adult directives
- Easily frustrated
- Extreme mood swings
- Social/peer interaction skills
- Motivational issues
- Physical/motor concerns (e.g., holding a pencil, walking upstairs, bouncing a ball, etc.)
- Adaptive skills (e.g., toileting, hygiene, personal safety skills, managing money, etc.)
- School attendance issues
- Sensory processing
- Difficulty with visual processing (e.g., copying from a distance, decreased attention with table top tasks, wears glasses, etc.)
- Difficulty completing age appropriate self-care (e.g., fasteners, toileting, tying shoes, etc.)

Other:

Other:

Other:

Other:

Other:

Other: