PR-04 REFERRAL FOR EVALUATION

CHILD'S INFORMATION

NAME: _____ ID NUMBER: _____

STREET: _____ GENDER: _____ GRADE: ____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____

BUILDING OF CURRENT ATTENDANCE:

_____

TEACHER(S):

_____

STUDENT'S NATIVE LANGUAGE (if not English):

_____

PARENT'S NATIVE LANGUAGE (if not English):

_____

PARENTS' / GUARDIAN INFORMATION

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

Reason for Referral:

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EDUCATIONAL HISTORY

Provide data about the child's progress in the general curriculum or, for the preschool-age child, data pertaining to the child's growth and development:

Provide data from previous interventions, including Interventions required by rule 3301-35-06 or; for the preschool child, data from early intervention, community or preschool providers:

Provide any relevant trend data beyond the past twelve months, including the review of current and previous IEPs:

Number of school districts attended: _____

Years at present school building: _____

List schools/early childhood programs and dates:

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ATTENDANCE:

☐ Regular ☐ Irregular

Is this student age-appropriate for grade level? ☐ Yes ☐ No

BACKGROUND INFORMATION

A. Health Data

Do you suspect problems with ☐ Vision ☐ Hearing

Does the student ☐ Wear Glasses ☐ Use hearing aid(s)

Does the student take medication ☐ Yes ☐ No

If yes, specify type and purpose:

Does the student have any health/developmental/physical problems of which you are aware? ☐ Yes ☐ No

If yes, please explain:

B. Environmental Factors

Describe any specific home factors that might affect the student's performance in school

For Preschool Children Only (please check the area(s) of concern):

- ☐ Eating
- ☐ Receptive Communication
- ☐ Cognitive
- ☐ Vision
- ☐ Other
- ☐ Dressing
- ☐ Expressive Communication
- ☐ Fine Motor
- ☐ Social/Emotional Behavior
- ☐ Toileting
- ☐ Hearing
- ☐ Play
- ☐ Attention
- ☐ Gross Motor

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Describe any other pertinent information not previously described:

SIGNATURES

Signature of Person Initiating the Referral

Signature of Person Receiving the Referral

Position or Relationship to Student

Title

Date

Date Received

Date District Suspects a Disability