



REFERRAL FOR SPECIAL EDUCATION EVALUATION

Snohomish School District, Snohomish, WA 98290

Name _____ Student resides with _____ (relationship) _____

Birth Date _____ Age _____ Parent/Guardian _____

School _____ Grade _____ Address _____

Teacher/Counselor _____ City _____ State _____ Zip _____

Primary Language _____ Home Phone _____ Work Phone _____

Health: _____ General Health Concerns: _____

Vision Screening _____ results _____ date _____

Hearing Screening _____ results _____ date _____

Attendance: No. of Days absent this school year _____

Referral Source(s)

Name _____	Position _____	Date _____
Reason for Referral:	Comments: _____	
<input type="checkbox"/> Reading	<input type="checkbox"/> Behavior	_____
<input type="checkbox"/> Mathematics	Peer/Adult Relationships	_____
<input type="checkbox"/> Written Language	Aggressive/Disruptive	_____
<input type="checkbox"/> Motor	Shy/Withdrawn	_____
_____ Fine	Other _____	_____
_____ Gross		_____

Recent District Test Scores:

Percentiles: _____ Date: _____

Prior Interventions (Data obtained in cumulative folder)	Current Program/Interventions
<input type="checkbox"/> Retention	Describe your current classroom strategies: _____ _____ _____ _____
<input type="checkbox"/> Remedial Programs _____	
<input type="checkbox"/> Counseling	
_____ Counselor	
_____ Intervention Specialist	Additional School Programs: <input type="checkbox"/> Chapter <input type="checkbox"/> C.D.S. <input type="checkbox"/> ESL/Bilingual <input type="checkbox"/> LAP <input type="checkbox"/> Counseling <input type="checkbox"/> OT/PT <input type="checkbox"/> Adapted Curricula
_____ School Psychologist	
_____ Social Worker	
<input type="checkbox"/> C.D.S.	
<input type="checkbox"/> Agency Involvement	
<input type="checkbox"/> Prior Special Education Referral/Placement	
<input type="checkbox"/> ESL/Bilingual	

Date _____

Signature of Principal/Designee _____