A-1 Referral For Special Education Evaluation

	Student Name		Date of Birth	Age	Teacher's Name	
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	Referral Made By	Title of Person Making Referral	Parent Notification Date		Notification Method (check one)	
					Conference Phone Call Written Notice	
Primary Home Language			Interpreter Needed? YES / NO			
1.	. What are your areas of concern (e.g. academics, cognitive learning, communication, independence and self-determination, physical/health, social and emotional learning)?					
2. State the reason(s) you believe the child has a disability:						
3.	. Summarize the child's strengths					
. Academic/pre-academic achievement (including reading achievement or early literacy)						
	Functional Performance (i.e., dai	ily living skills, exec	utive functionin	g, social,	, emotional, behavior)	

6.	Relevant Medical Information
7.	List previous interventions and programs provided to the child and the effects of those interventions and those programs.