

Gilmanton School District-SAU 79
 1386 NH Route 140, Gilmanton Iron Works, NH 03837
 Phone: (603) 364-5681 Fax: (603) 364-5636

REFERRAL FOR SPECIAL EDUCATION

Today's Date: _____

Student's Name:	Birthdate:	Grade:
Parent's Name:	Phone Number:	
Address:		

Referral Prepared by: _____ Position: _____

Please indicate your concerns regarding this student. Please be as specific as possible.

Please describe this student's strengths and weaknesses.

What are the child's current level of performance in the following areas: Please be as specific as possible.

Reading (NECAP/NWEA /DRA Scores)	
Math (NECAP/NWEA Scores)	
Written Language	
Other areas of academics	
Work Habits (i.e. Missing Work)	
Social Development	
Behavior	
Attendance	
Other	

What is the child's school history? (ie: preschool experiences, retentions, number of schools attended)

Has this child been referred to special education in the past and/or has there been any evaluations completed with the child in the past?

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What social or medical issues need to be taken into consideration? (family history, chronic illness, medications, physical limitations)

Has this student previously been placed on a 504? _____ YES _____ NO

What professional consultations have worked with the child within the school setting (ie: counselors, special education teachers, and speech pathologist, Title I services, etc.)?

If the parent is not completing this referral, when was the parent informed of the decision to make this referral? What was the parent's perception of the need for this referral?

Date of contact: _____

CHECK WHERE APPLICABLE

<input type="checkbox"/>	Depressed	<input type="checkbox"/>	Not Socially Accepted	<input type="checkbox"/>	Attendance/Tardy Problem
<input type="checkbox"/>	Shy	<input type="checkbox"/>	Disruptive	<input type="checkbox"/>	Withdrawn
<input type="checkbox"/>	Anxious	<input type="checkbox"/>	Excessive Anger/Aggression	<input type="checkbox"/>	Physical Problem
<input type="checkbox"/>	Does not turn in work on time	<input type="checkbox"/>	Not prepared/organized	<input type="checkbox"/>	Not interested in school
<input type="checkbox"/>	High activity level	<input type="checkbox"/>	Poor attention span	<input type="checkbox"/>	Easily Distracted
<input type="checkbox"/>	Frequent Suspensions (Number for the school year: _____)				

Please attach any work samples, standardized testing, or report cards/progress notes that you feel would be valuable in assisting the team in determining the needs of this child.

Date Referral Received by Team: _____

Date of Referral Review Meeting: _____

Copies to: ___ Parent ___ School ___ Teacher