

STUDENT REFERRAL FOR SPECIAL EDUCATION
DEPARTMENT OF SPECIAL EDUCATION/SEVIER COUNTY SCHOOLS
Indirect Observation

Date of Referral _____

Student _____ Birthdate _____ S.S. # _____

School _____ Last First Middle _____ Homeroom Teacher _____ Grade _____

Parent(s) _____ Phone #: _____ Home: _____ Work _____
Address _____

Street _____ City _____ Zip _____

Referring Person's Signature _____ (Parent, LEA Personnel, or other)

Describe Specific Academic Strengths/Weaknesses: _____

Describe Specific Behavioral Strengths/Weaknesses: _____

INTERVENTIONS TRIED PRIOR TO REFERRAL: _____

REASONS FOR REFERRAL: (List specific concerns.) _____

RECORDS REVIEW:

Vision Screening: Date _____ Results: ____ Hearing Screening: Date _____ Results ____

Other Relevant Health Information: _____

Preschool Experience: Yes ___ No ___ N/A ___ (If yes, attach relevant documents such as assessment results and/or IFSP)

Days absent last year: ____ Days Absent Current Year ____ Grades repeated: _____

Currently receiving (mark all that apply):

Title I ___ Speech/Language ___ OT/PT ___ Individual Counseling ___ Other _____

The following records are attached (*required for all referrals; +as applicable):

*Cumulative Records ___ *Discipline Records ___ *Classroom Observation(s) ___

+TCAP (Terra Nova) Scores ___ +Competency Scores ___ +Writing Assessment ___

Disposition:

Notice of referral sent to assessment specialist(s) and SPED office _____ (date)

Specify: ___ Psychologist ___ Sp/Lang ___ Vision ___ Hearing ___ OT/PT Other _____

If applicable: Complete packet sent to psychologist _____ (date)