SCHOOL REFERRAL FOR SPEECH/LANGUAGE AND/OR PSYCHOLOGICAL SERVICE
(School Age)

Formal psychological evaluation is a vital part of an overall evaluation. Information available from parents and school personnel is equally important. **Please answer <u>all</u> questions as completely as possible.** (In cases of reevaluation, it is especially important that information about a child's academic, social, and behavioral growth be furnished.)

Name of school _____ Name of person making referral _____

Contact Person _____ Phone _____

School Address _____ City _____ State _____ Zip _____

Background Information

Student Name _____ Birth Date _____ Age _____ Grade _____ ☐ Male ☐ Female

Mother's Name _____ Occupation _____ Work Phone _____

Father's Name _____ Occupation _____ Work Phone _____

Home Phone _____ Best time to contact _____

Home Address _____ City _____ State _____ Zip _____

Student lives with _____ Please describe any special family circumstances

Referral Reason (Be Specific)

School Information

Has the student previously been evaluated for a medical, academic, cognitive, speech/language, achievement, social or behavioral reason?	☐ Yes ☐ NO

If yes, please enclose a copy of the previous evaluation.
(Not necessary if the evaluation was previously conducted by an ESU 8 psychologist)

Has the student ever been under the care of a physician form emotional, behavioral, seizure disorders, genetic disorders, etc., such as ADHA, childhood depression, etc.?	☐ Yes ☐ NO
Is the student currently under the care of a physician for nay condition?	☐ Yes ☐ NO

If yes, what condition?

Is the student taking any prescribed medications or herbal remedies?	☐ Yes	☐ NO

If yes, please list them below

Name	Dosage	What for

List prior schools attended

Has the student ever been retained?	☐ Yes	☐ NO

If yes, please indicate grade level and explain why

Date of visual test/screening _____ Results _____ Glasses/Contacts ☐ Yes ☐ NO

Date of hearing test/Screening _____ Results _____ Hearing Aids ☐ Yes ☐ NO

Teacher	Subject	Current GPA

What special services has the student received in the past (e.g. resource, speech/language, counseling, Title I, OT/PT, Early Childhood services)?

What special services is the student receiving now, and amount of time per week?

What are the student's strengths in the following areas?

Academic	
Behavioral	
Social	
Communication	

What are the student's needs in the following areas?

Academic	

Behavioral	
Social	
Communication	

Explain any additional concerns

Please attach the following to this referral:

1. Signed Notice of Consent for Evaluation
2. Student Assistance Team Report (only for initial evaluation)
3. Parent Information Sheet
4. Class Schedule
5. Copies of previous school evaluations not completed in your district
6. Copies of outside agency evaluations

Evaluation procedures have been discussed with parent or guardian?	Yes NO

Signature of person making referral _____ Position _____ Date _____

Signature of Authorized School Official _____ Position _____ Date _____