

Date of visual test/screening _____ Results _____ Glasses/Contacts Yes NO
 Date of hearing test/Screening _____ Results _____ Hearing Aids Yes NO

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

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

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

Preacademic Skills	
Behavioral	
Social	
Communication	

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

Preacademic Skills	
Behavioral	
Social	
Communication	

Explain any additional concerns

Please attach the following to this referral:

1. Signed Notice of Consent for Evaluation
2. Parent Information Sheet
3. Copies of any (and all) previous evaluations completed with this child
4. Got to the following Google doc complete and submit

https://docs.google.com/a/esu8ne.org/spreadsheet/viewform?usp=drive_web&formkey=dEhSZFZFeVlycFZuSTV5eXpVQUtLVGc6MA#gid=0

Evaluation procedures have been discussed with parent or guardian?	Yes	NO
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Signature of person making referral _____ Position _____ Date _____
 Signature of Authorized School Official _____ Position _____ Date _____