

SCHOOL REFERRAL FOR SPEECH/LANGUAGE AND/OR PSYCHOLOGICAL SERVICES**(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 all 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 _____ District# _____ Name of person making referral _____

Contact Person _____ Phone# _____ Address _____

Background Information

Student Name: _____ Birth Date: _____ Age: _____ Grade: _____ Sex: M F

Mother's Name: _____ Occupation: _____ Work Phone: _____

Father's Name: _____ Occupation: _____ Work Phone: _____

Home Phone: _____ Best time to phone: _____ Home Address: _____

Student lives with: _____ **Please describe any special family circumstances.**

Primary language spoken in home: _____

Referral Reason (Be specific)**School Information**

Has the student previously been evaluated for medical, academic, cognitive, speech/language, achievement, social, or behavioral reasons? 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 for emotional, behavioral, seizure disorders, genetic disorders, etc., such as ADHD, childhood depression, etc.? If **yes**, what condition?

Is the student currently under the care of a physician for any condition? If **yes**, what condition?

If the student is taking any prescribed medications or herbal remedies, please give its name, dosage, and what it is for.

List prior school attended _____ Dates _____ Grades _____

Has the student ever been retained? Yes No If **yes**, please indicate grade level and explain why.

Date of Visual Test/Screening _____ Results _____ Glasses or 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 Assistant 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 the referral:_____ Position _____
Date _____

Signature of Authorized School Official:_____ Position _____
Date _____