

**Brunswick School Department
Special Education Referral**

Date of Referral: _____ Date Received by Special Education: _____

Name of Person Making Referral/Relationship to Student: _____

Student: _____ D.O.B.: _____

School: _____ Grade: _____ Teacher: _____

When student started in our district: _____

Previous school(s): _____

Has student been retained? If yes, in what grade? _____

Parent and/or primary caregiver: _____

Address: _____ Phone: _____

Area(s) of concern leading to referral:

_____ Gross Motor

_____ Behavior

_____ Fine Motor

_____ Speech

_____ Receptive Language

_____ Expressive Language

_____ Reading

_____ Written Language

_____ Math

_____ Fluency & Voice

_____ Hearing

_____ Vision

_____ Withdrawn/Depressed

_____ Attending Difficulties

_____ Organizational Skills

_____ Attendance: past (____absent in ____ days)

_____ Attendance: current (____absent in ____ days)

Date of most recent hearing screening _____ Pass _____ or Fail _____

Date of most recent vision screening _____ Pass _____ or Fail _____

Please provide specific examples of concerns in each area noted above:

Please identify the student's strengths:

Assessment Results: Please compare this student's performance to that of grade level expectations for each area of concern (attach additional pages as appropriate).

Reading:

Assessment(s): _____

Dates of Assessment:	Student's Level	Expected Level for Grade
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Other:

Writing:

Assessment(s): _____

Dates of Assessment:	Student's Level	Expected level for Grade
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Other:

Math:

Assessment(s): _____

Dates of Assessment:	Student's Level	Expected level for Grade
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Other:

Behavior:

Please describe the child's behavior and how it compares to same age/grade peers.

To assist the IEP team in determining the appropriate action to take on this referral, please provide a list of interventions attempted, anticipated outcomes, and actual outcomes.

(Please attach all appropriate supporting materials/data)

Reading:

Date(s) of Intervention: _____ to _____

Please describe the intervention(s) attempted, anticipated results, and actual results:

Writing:

Date(s) of Intervention: _____ to _____

Please describe the intervention(s) attempted, anticipated results, and actual results:

Math:

Date(s) of Intervention: _____ to _____

Please describe the intervention(s) attempted, anticipated results, and actual results:

Behavior:

Date(s) of Intervention: _____ to _____

Please describe the intervention(s) attempted, anticipated results, and actual results:

Parent Contact:

Date of Contact: _____ **Method:** ___Phone ___Email ___Conference ___ Other

Parent/Teacher Concerns:

Date of Contact: _____ **Method:** ___Phone ___Email ___Conference ___ Other

Parent/Teacher Concerns:

Date of Contact: _____ **Method:** ___Phone ___Email ___Conference ___ Other

Parent/Teacher Concerns:

Signature of Person Submitting Referral

Date

Principal Signature

Date

Director of Special Education

Date

Date Mailed to Parent/Guardian with Written Notice _____ **Initials** _____

(March 19, 2008)