

School Administrative Unit #24

Districts of

Stoddard Henniker Weare John Stark

PARENTAL REFERRAL TO SPECIAL EDUCATION TEAM

This is a request for the school district to review my child's educational needs to determine if my child has a disability and needs special education.

Student:

DOB:

Date:

Place of Birth:

School:

Grade:

Parent/Guardian:

Teacher:

Address:

Parent Phone:

What are your concerns?

Please list public and private school officials, doctors, psychologists, and other professionals with whom you have discussed your child's case.

Signature: _____ Date: _____

Circle One: Parent/Guardian/Adult Student/Surrogate Parent