

## School Administrative Unit #24

Districts of

Stoddard      Henniker      Weare      John Stark

### **REFERRAL TO SPECIAL EDUCATION TEAM**

**Student:**

**Date:**

**DOB:**

**School:**

**Grade:**

Parent(s):

Teacher:

Address:

Parent Phone:

#### **Considerations for Referral**

1. Describe in detail the reason for this referral. Discuss the frequency, duration, and intensity of the problem. Attach work samples if appropriate.

2. Describe current academic functioning. Be specific.

Classroom Instructional Level:

Reading:

Writing:

Math:

Oral Expression:

3. Describe the student's learning strengths and weakness:

4. Describe the student's social and emotional functioning: (behavior, attention, motivation, peer relations, adult relations, pertinent family history). Be specific regarding behaviors of concern.

5. Whom have you consulted with about this problem?

6. List specific interventions and classroom modifications that have been tried.
7. What assistance and/or information are you requesting now? Be specific.

**Cumulative File Review**

1. Note relevant information regarding school history: (include number of years in school, preschool experience, schools attended, retentions, and attendance records, if pertinent.)
2. Record of previous testing (including reading data, state testing, etc.)
3. Has the student participated in special education or other special programs?
4. Describe nature of parent contact in regard to this referral (include date):
5. Are there pertinent social or medical considerations (chronic illnesses, ongoing medications, physical limitations or impairments?)

Name of person making this referral (please print):

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Signature of person making this referral:

Date: