PR-04 REFERRAL FOR EVALUATION

DISTRICT: _____

CHILD'S INFORMATION

NAME: _____ ID NUMBER: _____

STREET: _____ GENDER: _____ GRADE: ___

CITY: _____ STATE: OH ZIP: _____

DATE OF BIRTH: _____

PARENT/GUARDIAN INFORMATION

NAME: _____

STREET: _____

CITY: _____ STATE: OH ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

NAME: _____

STREET: _____

CITY: _____ STATE: OH ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

BUILDING OF CURRENT ATTENDANCE:

_____

TEACHER(S):

_____

STUDENT'S NATIVE LANGUAGE (If Not English):

_____

PARENT'S NATIVE LANGUAGE (If Not English):

_____

Reason for Referral:

EDUCATIONAL HISTORY

Provide data about the child's progress in the general curriculum or, for the preschool-age child, data pertaining to the child's growth and development:

Provide data from previous interventions, including interventions required by Rule 3301-35-06 or; for the preschool child, data from early intervention, community or preschool providers:

Provide any relevant trend data beyond the past twelve months, including the review of current and previous IEPs:

Number of school districts attended: _____

Years at present school building: _____

List schools/early childhood programs and dates:

ATTENDANCE:

☐ Regular ☐ Irregular

Is this student age-appropriate for grade level? ☐ Yes ☐ No

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BACKGROUND INFORMATION

A. Health Data

Do you suspect problems with ☐ Vision ☐ Hearing

Does the student ☐ Wear Glasses ☐ Use Hearing Aid(s)

Does the student take medication ☐ Yes ☐ No

If yes, specify type and purpose:

Does the student have any health/developmental/physical problems of which you are aware? ☐ Yes ☐ No

If yes, please explain:

B. Environmental Factors

Describe any specific home factors that might affect the student's performance in school:

For Preschool Children Only *(please check the area(s) of concern):*

☐ Eating ☐ Dressing ☐ Toileting ☐ Attention

☐ Receptive Communication ☐ Expressive Communication ☐ Hearing ☐ Gross Motor

☐ Cognitive ☐ Fine Motor ☐ Play

☐ Vision ☐ Social/Emotional Behavior

☐ Other

Describe any other pertinent information not previously described:

SIGNATURES

Signature of Person Initiating the Referral

Signature of Person Receiving the Referral

Position or Relationship to Student

Title

Date

Date Received

Date District Suspects a Disability