Student:	Student UID#	DOB:
School:	Grade:	Age:

SPECIAL EDUCATION REFERRAL – Preschool

Meeting Date:		Date School Received Written Referral:	
Referral Source:		Referral Source Position:	
Is this student transferring from another state with a current IFSP/IEP? ☐ Yes ☐ No			

Parent/Guardian/Student:

Name:		Email:	
Address:		City/Zip:	
Home Phone:		Alternate Phone:	

I. Discussion of Student's Strengths (Must address all areas.)

Describe the student's strengths in the following areas.

Cognitive/thinking skills: (attention, memory, problem-solving, complexity of play, pre-academics)

Emotional and social skills: (expressing and managing feelings, managing behavior, responding to rules and limits, social interactions with other people including other children)

Communication skills: (understanding of language, use of language, speech sound development, quality of voice, fluency)

Sensorimotor skills: (vision and hearing, gross motor development, fine and visual-motor development, sensory processing)

Adaptive skills: (independence with feeding, dressing/undressing, toileting, bathing)

II. Review of Existing Data by IEP Team Members (Must address all areas if data is available.)

Describe early history and all relevant medical/health information. (diagnoses, procedures, medications, illnesses/injuries including head injuries)

Describe results of local screening data. (e.g. Child Find, etc.)

Were formal evaluation results provided by the parent/guardian? ☐ yes ☐ no

If yes, describe the results:

Describe observations of overall child functioning by teachers, therapists, related service providers, and/or administrators. Include the setting and other children/care givers present.

Describe any instructional practices/interventions implemented to address area(s) of concern and outcomes of those practices/interventions. (e.g. IFSP/IEP progress, private therapy, general education interventions, etc.)

Is this child making a transition form Part C – Infant/Toddler Program (Early Intervention/EI)?
☐ yes ☐ no

If yes, please complete the following:

Date of Transition Planning Conference (TPC):	
Who referred the child for Early Intervention services?	
Age at which child started receiving Early Intervention services/child service coordination:	
Age at which child stopped receiving Early Intervention services/child service coordination: (if applicable)	

Vision Screening

Is there existing Vision Screening data available? ☐ Yes ☐ No

Date:		☐ Pass	☐ Fail			Vision Screening Results Obtained:
Far	Right		Left			☐ With Glasses or Corrective Lenses
Near	Right		Left			☐ Without Glasses or Corrective Lenses
Both						

C: EC File, Parent/Guardian

Student UID#:

_____

Comments:	

Hearing Screening

Is there existing Hearing Screening data available? ☐ Yes ☐ No

Date:		☐ Pass	☐ Fail	dB (Intensity Level)		Hz (Frequencies)	
Comments:							

Existing Evaluation and Screening Data

Assessment Area	Summary of Required Screenings and Evaluations (Existing data only). Any new assessment or screening for the purposes of eligibility determination requires parent/guardian/student consent.

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III. Reason(s) for Referral/Areas of Suspected Need

Based on the existing available data, the following targeted areas of cognitive/thinking skills; emotional and social skills; communication skills; sensorimotor skills; and/or adaptive skills are noted by the team:

IV. IEP Team Determination

☐ **No evaluation will be conducted based on the review of existing data. The referral to special education ends.**

Explain decision not to evaluate:

☐ **Eligibility for special education and related services is being determined by existing evaluation data made available to the IEP Team through the *Special Education Referral*. NO additional evaluation(s) are needed to determine eligibility.**

Assessment information and evaluation data used to make this determination can be found in the assessment area table. (Note: This data must meet the requirements of the eligibility worksheet(s)).

☐ **Conduct an initial evaluation. Eligibility cannot be determined by the review of existing data.**

Evaluation Plan

Area(s) of Suspected Disability	
☐ Autism	☐ Multiple Disabilities
☐ Deaf-Blindness	☐ Orthopedic Impairment
☐ Deafness	☐ Other Health Impairment
☐ Developmental Delay	☐ Specific Learning Disability
☐ Emotional Disabiity	☐ Speech or Language Impairment
☐ Hearing Impairment	☐ Traumatic Brain Injury
☐ Intellectual Disability	☐ Visual Impairment (including Blindness)

Screening(s)/Evaluation(s)

☐ Adaptive Behavior	☐ Medical Evaluation	☐ Progress Monitoring
☐ Audiological	☐ Motor Screening	☐ Psychological
☐ Braille Skills Inventory Learning Media Assessment	☐ Motor Evaluation	☐ Social/Developmental History
☐ Functional Vision Assessment	☐ Observation	☐ Speech-Language Screening
☐ Educational Evaluation	☐ Opthalmological/Optometric	☐ Speech Language/Communication Evaluation
☐ Health Screening	☐ Otological	☐ Vocational
☐ Other:	☐ Other:	☐ Other:
☐ *Summary of Conference(s) with Parents	☐ *Review of Existing Data	☐ *Review of RtI Documentation of Problem-Solving

** Required but does not require parental consent.*

Complete the Consent for an Initial Evaluation.

V. IEP Team Participants

The following individuals were present and participated in the referral to special education and IEP Team decision. (A Request to Excuse Required IEP Team Member(s) has been obtained if any of the below participants are identified as excused. Note with an * any team member who used alternative means to participate.)

Name	Position	Date
	Parent/Guardian/Student	
	Parent/Guardian/Student	
	LEA Representative	
	Special Education Teacher	
	General Education Teacher	
	Interpreter of Instructional Implications of Evaluations	

Provide a copy of the Prior Written Notice, Special Education Referral and Parents Rights and Responsibilities in Special Education: Notice of Procedural Safeguards to the parent.

A copy was given/sent to the parents on: ____/____/____

Procedural Safeguard: Initial Evaluation Timeline

Using the date of the receipt of the written special education referral, the 90-day (calendar) timeline for conducting the evaluations on the evaluation plan, determining eligibility, developing an IEP for an eligible child and obtaining the Parent Consent for the Initial Provision of Services is due on or before: ____/____/____.