Document date:

Referral to Consider an LEA
Special Education Evaluation

Student's Name:	District ID:	State ID:	Grade:	Sex:
Native Lang:	Ethnicity:	Birth Date:	Age:	
District:		School:		
Parent/Guardian Name:		Home Phone:		
Address:				
Native Language:		Daytime Phone:		
Parent/Guardian Name:		Home Phone:		
Address:				
Native Language:		Daytime Phone:		

1. Review of referral:

A. Are the parents/guardians aware of concerns? ( ) Yes ( ) No

B. Who contacted the parent? Name_____ Title _____

C. When was contact made? _____

D. Describe the reason for referral:

E. Describe appropriate instruction in reading and math, and the student's response (or attach Intervention Plan & Graph):

F. Describe scientific research-based intervention implemented and results (attach Intervention Plan and Graph):

2. Does the learner have limited proficiency in English? ( ) Yes ( ) No

A. If yes, what is the student's English proficiency level and how as it determined?

B. If yes, how does this student compare to similar peers receiving English as a Second Language (ESL) services?

Parent/Guardian Signature: _____

Reminder: Please send an IEP meeting invitation to Head Start. Thank you.