

If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact the school district at the telephone number at the bottom of this form.

A-1 - REFERRAL FORM—School District of Sevastopol

Student	Birth Date	WISEid
Street Address	City	State /Zip Code

Parent/Guardian 1				
Full Name	Street Address	City	State /Zip Code	Phone(s)

Parent/Guardian 2				
Full Name	Street Address	City	State /Zip Code	Phone(s)

District of Residence	District of Placement	Current School	Grade

Referral Made By	Title of Person Making Referral	Parent Notification Date
	<input type="radio"/> Birth to 3 <input type="radio"/> Classroom Teacher <input type="radio"/> Doctor <input type="radio"/> Parent <input type="radio"/> Specialist <input type="radio"/> Other	

Notification Method	Primary Home Language	Interpreter Needed?
<input type="radio"/> Conference <input type="radio"/> Phone Call <input type="radio"/> Written Notice	Parent: <input type="radio"/> English <input type="radio"/> Other <input style="width: 150px; height: 15px;" type="text"/> Student: <input type="radio"/> English <input type="radio"/> Other <input style="width: 150px; height: 15px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No

I. STATE THE REASON YOU BELIEVE THE CHILD HAS A DISABILITY (IMPAIRMENT AND A NEED FOR SPECIAL EDUCATION):

II. PERCEPTION OF CHILD'S ABILITY/PERFORMANCE (INCLUDE INFORMATION ABOUT ANY OF THE FOLLOWING, IF KNOWN):

A) Summarize child's strengths:

B) Academic/pre-academic achievement (including reading achievement or early literacy):

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C) Functional performance (including behavior):

D) Relevant medical information:

E) List previous interventions and programs provided to the child and the effects of those interventions and those programs.

Please provide adequate details:

III. RECENT SCREENINGS:

Vision Date: Pass Fail No current conditions
Details:

Hearing Date: Pass Fail No current conditions
Details:

IV. The child is transitioning from Birth to 3 Early Intervention Program:

Yes No

The district was invited by the designated lead agency to participated in the transition planning meeting

Yes No

Date of Transition Meeting

LEA Representative in Attendance

Reason LEA did not attend:

Parent You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. A copy of your procedural safeguards rights is provided with this form in a brochure about Special Education Rights for Parents and Children. If you would like another copy of this brochure, you may contact the School District at the telephone number below. You may also contact the organizations listed on the Special Education Rights for Parents and Children brochure if you have questions about your rights.

Initials: Date:

NAME AND TITLE OF DISTRICT CONTACT

Contact Name/Title:

Phone:

Email:

Date Received:

School District Representative Receiving Referral:

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