Date of Referral___________________________

Student __________________________ Birthdate ______________ Grade ____________

School __________________________ Homeroom Teacher __________________________

Parents’ Name_______________________________________________________________________

Address ___________________________________________________________________________

Phone number: Home: ________________________ Work: __________________

Referring Person’s signature ___________________________________________________________

(Parent, LEA personnel, or Others)

I. INTERVENTIONS TRIED PRIOR TO REFERRAL:

_________________________________________________________________________________
_________________________________________________________________________________

II. REASON FOR REFERRAL (List specific concerns):

A. ___________________________________________________________________________
B. ___________________________________________________________________________
C. ___________________________________________________________________________

III. RECORDS REVIEW
Vision Screening: Date_________ Results:______ Hearing Screening: Date _______ Results: ______
Other Relevant Health Information:

__________________________________________________________________________________
__________________________________________________________________________________

Preschool Experience: Yes____ No_____ N/A_____
(If yes, attach any relevant documents such as assessment results and/or IFSP)

Days Absent Last Year: _______ Days Absent Current Year: _______ Grades Repeated: _______

Currently receiving (mark all that apply):

Title 1 _____ Individual Guidance _____
Speech _____ Language _____
OT/PT _____ Other _____

The following records are attached (*required for all referrals; + as applicable):

*Cumulative Records _____ +TCAP Scores _____
*Discipline Records _____ +Competency Scores _____
*Classroom Observation(s) _____ +Writing Assessment _____
+Other _____
## TCAP (TERRA NOVA) NORM REFERENCED ACHIEVEMENT TEST SCORES - LAST TWO YEARS

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<th>Grade</th>
<th>Date</th>
<th>READING</th>
<th>LANGUAGE</th>
<th>MATH</th>
<th>TOTAL BATTERY</th>
<th>SPELLING</th>
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### GRADES LAST TWO YEARS:

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### WRITING ASSESSMENT RESULTS:

4th Grade ________ 7th Grade ________ 11th Grade ________

(P/F) (P/F) (P/F)

### COMPETENCY TEST RESULTS:

Date Passed ________

Math: Score ________

Attempts ________ Date(s)

Date Passed ________

Language: Score ________

Attempts ________ Date(s)