



### Special Education Referral Form

Use this form to assist with the initial eligibility process for students with suspected disabilities. Upon completion, upload this form and accompanying documents to be included as a part of the analysis of existing data.

Type of Referral:  Oral or  Written

Date of Referral:

Referred By:  School staff  Parent  Adult Student  Third Party

**A. Student Information**

Student Name	
Student ID	
Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary/Third Gender
	Does the student identify as transgender? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Prefer Not to Answer
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White
	Is the student being referred Hispanic/Latino? <input type="checkbox"/>
Parent/Guardian	
Holds Educational Rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address	
Telephone	Home: Work: Cell:
Email	
School	

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B. Referral for Referral

a. Check all areas of concern that apply.

- Academics – Math
- Academics – Reading
- Academics – Writing
- Adaptive Daily Living Skills
- Cognitive
- Hearing
- Vision
- Communication/Speech and Language
- Emotional, Social, and Behavioral Development
- Health/Physical/Attention
- Motor Skills/Physical Development
- Developmental Delay
- Other: (Specify): \_\_\_\_\_

C. Other Considerations:

a. **Implicit or Institutional Bias as a Possible Cause:** Both nationwide and in the District, there has been a documented overrepresentation in referrals for special education due to emotional disability (ED) for certain student populations – specifically, Black or African American children. Is the student a member of any overrepresented population? If so, explain what actions the IEP Team has taken to reduce bias?

b. **Other Possible Causes:** Have traumas, stressors, intellectual impairment, learning disabilities, medical problems and-or sociocultural differences been ruled out as the primary cause(s) of the student’s educational and behavioral problems?

D. Interventions Prior to Referral:

a. What is the specific behavior (academic, social-emotional) that you have observed that requires this student to be determined for eligibility?

b. For how many weeks have these behaviors been observed?

c. Have at least one scientific, research-based interventions across tiers 2 and 3 for at least six weeks each. Intervention must be based on a problem-solving model that addresses behavioral/emotional skill deficiency.

i. Identify the Name of the Intervention Used / Progress Monitoring  
Timeframe / Results

Intervention	Tier	Progress Monitoring Timeframe	Results

\*Note: MTSS and the Special Education Evaluation process can occur concurrently.

**E. For School and Office Use ONLY**

For Third Party Referrals: Were Parents Informed?  Yes  No

Procedural Safeguards Provided to Parents?  Yes  No

**Note:**

1. The Referral Date is the date a parent, guardian or other appropriate person initiates the referral.
2. This referral form and attachments must be uploaded into SEDS within 72 hours.
3. A consent decision must be made within 30 days of the referral and assessments must be conducted within 60 days of consent.