

SAU #34

Hillsboro-Deering, Washington, Windsor, PO Box 2190, Hillsborough, NH 03244

REFERRAL FOR SPECIAL EDUCATION

This is a request for the School District to review a student's educational needs to determine if she/he has a disability, which would result in eligibility for special education services.

Student: _____ DOB: _____ Grade: _____

School: _____ District: _____ Phone: _____

Parent/Guardian: _____

Street Address: _____

Town/City: _____ State: _____ Zip: _____

Date of Referral: _____

Person Making Referral: _____

Relationship to Student: _____

Phone: _____

Why do you believe that this student may need special education services?

Strengths: What does this student do well and/or like to do?

Concerns: What does this student find hard to do compared to other of the same age?

What has been done so far to help this student with the problems described above?

SAU #34

Hillsboro-Deering, Washington, Windsor, PO Box 2190, Hillsborough, NH 03244

Please indicate areas of concern below.

READING: Below Grade Level At Grade Level Above Grade Level

Please provide specific concerns, examples and/or interventions.

MATH: Below Grade Level At Grade Level Above Grade Level

Please provide specific concerns, examples and/or interventions.

WRITING: Below Grade Level At Grade Level Above Grade Level

Please provide specific concerns, examples and/or interventions.

BEHAVIOR ISSUES: (Please complete the following chart by checking your response.)

| | SUPERIOR | STRONG | AVERAGE | WEAK | POOR |
|---------------------------|-----------------|---------------|----------------|-------------|-------------|
| Socialization with adults | | | | | |
| Socialization with peers | | | | | |
| Self-control | | | | | |
| Self-concept | | | | | |

OTHER HISTORY:

Family Status (check all that apply):

Two Parent

Single Parent

Divorced

Remarried

Guardianship

SAU #34

Hillsboro-Deering, Washington, Windsor, PO Box 2190, Hillsborough, NH 03244

Child Currently Lives With:

| Who | Relationship to Child | Age |
|-----|-----------------------|-----|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

If the child is not living with his/her biological family or is in a divorced/separated situation, where is/are the family member(s)?

Is there a history of learning, attention, or school problems in this child's family?

No

Yes

If yes, among whom?

Maternal relatives

Paternal relatives

Family Emotional Circumstances: (Describe any concerns relating to emotional issues which may be affecting this child, e.g. divorce, recent move, retention)

If you are not the parent, what contact has been made with the parent/guardian(s) prior to this referral?

As the referring individual, what would you like the outcome of this special education referral to be?