**REFERRAL FOR SPECIAL**

**EDUCATION EVALUATION**

**Form R-1 (Rev. 05/2022)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL DISTRICT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of child (last, first, middle) | DOB | Grade | School | WISEid (if known) |
| Name of parent or legal guardian | Address (street, city, state, zip) | Telephone (area code/number) |
| Person making referral/title | Date and method of notifying parent of intent to refer Date \_\_\_\_\_\_\_\_\_\_\_\_\_ □ Conference □ Phone call □ Written |
| Parent’s native language or other primary mode of communication, if other than English (specify):Is an interpreter needed? ☐ Yes □ NoStudent’s native language or other primary mode of communication, if other than English (specify): |

**Date referral received by school district/LEA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(*month/day/year*)

|  |
| --- |
| The date the district receives the referral begins the 15-business day deadline by which to complete the review of existing information and to notify the parents of whether additional assessments are needed. In completing the following information, consider concerns about the student’s academic and functional performance that affect access, engagement and progress in age/grade level general education curriculum, instruction, environment, or other school activities. For additional information, see [Guide to Special Education Forms](https://dpi.wi.gov/sped/laws-procedures-bulletins/procedures/sample/forms). |

1. Describe why you believe this student has a disability:
2. What are your areas of concern (e.g., academics, cognitive learning, communication, independence and self-determination, physical/health, social and emotional learning)?

1. If known, include information about any of the following:
	1. Early learning or academic achievement (including early literacy or reading achievement):
	2. Functional performance (e.g., cognitive learning, communication, independence and self-determination, social and emotional learning):
	3. Relevant medical information (physical/health including vision and hearing):
	4. Programs, services, or interventions that have been used to address this student’s needs and the results of such interventions (including academic or behavior interventions and assistive technology):