

Request for Initial Referral Form

REQUEST FOR INITIAL REFERRAL

A request for referral may be made by a professional staff member of the school district, a licensed physician, a judicial officer, a professional staff member of the a public agency with responsibility for welfare, health or education of children or a student who is 18 years of age or older, or an emancipated minor, who is eligible to attend the public schools of the district. The request for referral must be immediately given to the school principal, or if the student is non-attending, attending a parochial, nonpublic or charter school, the Committee on Special Education Chairperson.

Student's Last Name _____ First Name _____

D.O.B. ___/___/___ NYCID # _____ School _____ Grade _____

Parent/Guardian _____ Preferred Language of Parent _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Is the student/family assisted by a Community-Based Organization (CBO)? Yes No
If yes, specify type of Services (e.g., case management, foster care agency, etc.) and the name of CBO, if known _____

Has the student ever lived outside of the United States? Yes No

Number of years in a non-English language school system _____

Length of residency in United States _____

Classroom/Homeroom Teacher _____

Language Student Speaks/Understands _____

LAB-R or NYSESLAT Score (if applicable) _____ Date _____

Has the parent been notified of this referral? Yes No If yes, indicate date _____

Student's Last Name _____ First Name _____

State the reason for referral / specific nature of problem:

A. BACKGROUND INFORMATION

1. **Instructional Grade Level at which student is currently functioning (if ELL student, also include grade level in native language):**

	Grade Level	Grade Level in Native Language for ELLs
Reading	_____	_____
Spelling	_____	_____
Mathematics	_____	_____
Written Language	_____	_____
Other _____	_____	_____

2. **Is the student a hold-over in grade?** Yes No

3. **Does the student have a Personal Intervention Plan (PIP)?** Yes No
If yes, please attach a copy.

4. **Is the student entitled to bilingual instructional services?** Yes No

If yes, has the student received bilingual instructional services? Yes No **How long?** _____

5. **Student is entitled to ESL services?** Yes No

If yes, has the student received ESL services? Yes No **How long?** _____

6. **Attendance Pattern:** Good Poor Truant

Number of Cumulative Days Absent (excluding suspensions): _____

7. **Wears Glasses** Yes No **Hearing Aids** Yes No

8. **Does the student have health problems?** Yes No

Is the student on any medication? Yes No

If yes, please describe:

9. **Please attach a copy of the most recent results of the child's hearing and vision screening.**

Intervention provided by _____
(Name and Title)

Description: Number of Days Student Received Services _____

Strategy 3: Date Initiated _____ Date Terminated _____

Intervention provided by _____
(Name and Title)

Description: Number of Days Student Received Services _____

CONFERENCES WITH PARENT/GUARDIAN

List the dates of parental contacts held with the student's parent/guardian to discuss school related performance:

INSTRUCTIONAL/PROGRAMMATIC INTERVENTIONS

If no instructional/programmatic interventions were attempted at Tier I and Tier II, please provide an explanation below:

Attach additional pages if necessary.

Printed Name of Person Completing Request for Referral _____ Title _____

Signature of Person Making Request _____ Title _____

Date received by CSE Chairperson or Principal _____
Referral Process Initiated by Principal/Chairperson? Yes No