School District/Public Agency	# Referral - Special Education 34 C.F.R. §300.301(b)

Name of Student	WISER ID	DOB	Grade	Date

Name(s) of Parent or Guardian		Name(s) of Parent or Guardian	
Address (City, State & Zip)		Address (City, State & Zip)	
Contact Information		Contact Information	
H:	C:	H:	C:
W:	Email:	W:	Email:

Reason for Referral

State reason(s) you believe that the child has a disability and needs special education and related services. Explain in detail the child's academic and nonacademic performance. Include any important medical, emotional or other health related information.

Interventions and Effects

Discuss and detail any interventions, services or other programs used to address the child's needs. Include information about the duration of the interventions, services or programs that were attempted and the effects of the interventions on the child's performance, to the extent known.

Name of Student	DOB	Grade

Vision and Hearing Screening

Document the results of vision and hearing screening; any failed portion indicates a failed screening.			
Vision Screening Date Performed: ____________			
Vision is: □ CORRECTED (glasses/contacts) □ UNCORRECTED			
	BOTH	LEFT	RIGHT
Distance Acuity	20/	20/	20/
Near Acuity	20/	20/	20/
Tracking	□ PASS □ FAIL		
Stereo Vision	□ PASS □ FAIL		
Color Vision	□ PASS □ FAIL		
Notes:			

Hearing Screening Date Performed: ____________			
OTOSCOPY:			
PURE TONE RESULTS @ 20 dB	1.0 kHz	2.0 kHz	4.0 kHz
Right Ear	□ PASS □ FAIL	□ PASS □ FAIL	□ PASS □ FAIL
Left Ear	□ PASS □ FAIL	□ PASS □ FAIL	□ PASS □ FAIL
TYMPANOMETRY	PRESSURE	COMPLIANCE	
Right Ear	□ PASS □ FAIL	□ PASS □ FAIL	
Left Ear	□ PASS □ FAIL	□ PASS □ FAIL	
Notes:			

Parent Involvement

Indicate how the concerns have been addressed with parent(s).

Signature of Person Making the Referral:

Signature______________________________ Date______________

For Agency Use Only

Name & Title of Public Agency Representative Receiving Referral	Date of Receipt of Referral	Procedural Safeguards Provided to Parent for Initial Referral 34 C.F.R. §300.504(a)(1)
		By: __________ Date: _______

School District/Public Agency	Evaluation Report Eligibility Determination 34 C.F.R. §§300.306 - 300.311

Name of Student	WISER ID	DOB	Grade	Date

PART I: SUMMARY OF EVALUATION

Section I: Review of Existing Data & Assessment Results

A. Classroom Based Performance:

Summarize current classroom based performance, local or State assessments, or for preschool children, summarize participation in developmentally appropriate activities.

B. Observations:

Summarize observations by teachers and related services providers. (For specific learning disability, describe the relevant behavior noted during observation of the child and the relationship of that behavior to the child's academic performance.) 34 C.F.R. §300.311(a)(3)

C. Information Provided by Parents:

Summarize information provided by parents.

D. Medical or Health Factors:

Summarize medical information, i.e. chronic illness, mental health, vision, hearing, low birth weight, etc.