

**STATE SELPA IEP TEMPLATE
REFERRAL FOR SPECIAL EDUCATION AND RELATED SERVICES**

Student Name _____ **Date of Birth** ___/___/____ **IEP Date** ___/___/____
Grade _____

Name of Parent or legal guardian _____ **Phone** _____
Address _____
City _____ **State** _____ **Zip** _____

Person making referral _____ **Title** _____

Date parent notified of intent to refer ___/___/____

Method of notifying parent of intent to refer Conference Phone call Written

Parent's or adult student's native language or other primary mode of communication if other than English _____

Student's native language or other primary mode of communication _____

Primary Concern Regarding Student _____

Specific Reasons for Referral

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Written Language | <input type="checkbox"/> Hearing | <input type="checkbox"/> Attention |
| <input type="checkbox"/> Math | <input type="checkbox"/> Self-Help Skills | <input type="checkbox"/> Vision | <input type="checkbox"/> Social/Emotional |
| <input type="checkbox"/> Spelling | <input type="checkbox"/> Fine Motor Skills | <input type="checkbox"/> Health | |
| <input type="checkbox"/> Cognitive Functioning | <input type="checkbox"/> Gross Motor Skills | <input type="checkbox"/> Speech/Language | |

Other _____

General Education Interventions Attempts If this referral is by an educational representative, describe interventions attempted prior to this referral and attach documentation. (EC 56303) _____

For District Use Only

Date Received ___/___/____

Date Assessment Plan due (15 days) ___/___/____

Received by _____

Forwarded to _____

Case Manager _____