



Special Education Referral

Garrett County Public Schools

Referring Individual:	<input type="checkbox"/> Parent	<input type="checkbox"/> Teacher	<input type="checkbox"/> Other _____
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Student Information:			
First Name	Last Name	Middle Name	DOB
School	Grade	Classroom Teacher	Intervention Teacher
Street Address	City	State	Zip Code
Parent/Guardian Name	Home/Cell Phone	Parent/Guardian Name	Home/Cell Phone

Reason for Referral:			
Speech/Language	Academic Performance		Other
<input type="checkbox"/> Articulation <input type="checkbox"/> Voice <input type="checkbox"/> Fluency <input type="checkbox"/> Expressive Language <input type="checkbox"/> Receptive Language <input type="checkbox"/> Pragmatic Language	<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Vocabulary <input type="checkbox"/> Reading Fluency <input type="checkbox"/> Reading Comprehension	<input type="checkbox"/> Math Calculation <input type="checkbox"/> Math Problem Solving <input type="checkbox"/> Written Expression <input type="checkbox"/> Written Language Mechanics	<input type="checkbox"/> Vision <input type="checkbox"/> Health <input type="checkbox"/> Motor <input type="checkbox"/> Hearing <input type="checkbox"/> Cognitive/Intellectual <input type="checkbox"/> Social/Emotional <input type="checkbox"/> Adaptive

Most Recent Assessment/Evaluation Data:			
ELA Score	KRA Score	MCAP ELA	MCAP Math
Algebra 1	English 10	Biology	American Government

Medical Information:		
Vision Screening Results:	<input type="checkbox"/> Passed	<input type="checkbox"/> Not Passed
Hearing Screening Results:	<input type="checkbox"/> Passed	<input type="checkbox"/> Not Passed
Other Medical Information:		

Other Information:		
Does the student have Limited English Proficiency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what language or mode of communication should be used for assessments?		
Are there cultural, environmental, or economic factors that influence the student's performance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain.		

Referral Input:	
Student's strengths, interests, significant personal attributes, and personal accomplishments:	
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Statement of concerns and needs:	
<hr/> <hr/>	
Parent/Guardian Input Regarding the Student's Educational Program:	
<hr/> <hr/>	
Date Special Education Referral was Discussed with the Parent/Guardian:	
Date Special Education Referral was Reviewed with the Student Support Team (SST):	

Student Support Team (SST) Information:**Dates SST Met to Review Student's Response to Intervention (RTI) Data:**

SST Signatures:

Name:	Title:	Date:

Additional Documents:**The Following RTI Documentation was Reviewed by SST and Attached to the Referral:**

<input type="checkbox"/> Copy of RTI Parent Letter	<input type="checkbox"/> Evidence-Based Intervention	<input type="checkbox"/> Progress Monitoring Data
<input type="checkbox"/> Intervention Logs	<input type="checkbox"/> Behavioral Data	<input type="checkbox"/> Behavior Intervention Plan

The principal should submit the completed referral to the Director of Special Education immediately after the SST meeting.

IEP Chair to Complete After Referral Meeting:

Date the Referral was Received:	
Date of the Referral Meeting:	
IEP Chairperson/Date:	
Recommendation of the IEP Team:	
<input type="checkbox"/> Proceed with special education assessments: <input type="checkbox"/> Parent request <input type="checkbox"/> Student not making adequate progress	
<input type="checkbox"/> Continue with interventions (additional assessments are not warranted at this time)	
<input type="checkbox"/> Speech only assessments	