

Kenai Peninsula Borough School District Special Education Referral Form

Student Name: _____ **Student ID:** _____ **Birthdate:** _____ **Age:** _____ **Grade:** _____
Referred by: _____ **Referral Date:** _____ **Gender:** _____
School: _____ **Teacher:** _____
Parent/Guardian: _____ **Case Manager:** _____
Address 1: _____ **Surrogate Needed:** ☐ Surrogate ☐ Foster ☐ None
Address 2: _____ **Surrogate Name:** _____
Home Phone: _____ **Home Language:** English
Work Phone: _____ **Sign or Language Interpreter Needed:** ☐ Yes ☒ No

Noticeable delays or problems in: Reason for Special Education Referral

☐ Behavior ☐ Health ☐ Math ☐ Reading ☐ Vision ☐ Other...
☐ Following directions ☐ Hearing ☐ Motor skills ☐ Speech/language ☐ Writing

Summary of Existing Information

Prior special education referral date: _____ **Prior psychological screening/evaluation date:** _____
Prior educational screening/evaluation date: _____ **Prior physical/medical screening/evaluation date:** _____
Attendance: _____ days absent this school year. _____ days absent last school year.

Previous Attempts to Deal with Identified Problems

Classroom Interventions: _____

Enrollment in Other Programs:

☐ Bilingual ☐ Home School
☐ Title I ☐ Psy/Counseling
☐ Gifted ☐ Remedial Reading
☐ Title VII ☐ Prior Special Ed.
☐ Migrant ☐ Other...

Screening Information

Health Screening (attach developmental history, if appropriate)

Vision: Date _____	BOTH W/O 20/ W 20/	RIGHT W/O 20/ W 20/	LEFT W/O 20/ W 20/
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Hearing: Date _____	AC _____	BC _____	Other Screening Results
250	500	1000	
2000	4000	8000	
R			
L			
Specific Health Concerns: _____ _____ Medications: _____ Nurse's Signature _____ Dt _____			