Kenai Peninsula Borough School District Special Education Referral Form

Student Name:	St	udent ID: B	irthdate:	Age:	Grade:	
Referred by:		Refer	ral Date:	J	Gender:	
School:			Teacher:			
Parent/Guardian:						
Address 1:		Case N	/lanager:			
Addres - O.			Needed: O Surroga	te O Foster	O None	
		Surrogat	-			
Home Phone:		Home La	ı nguage : English			
Work Phone:	Sign or La	anguage Interpreter	Needed: O Yes 📵) No		
Noticeable delays or probler	ns in: Reason for S	Special Education	Referral	and the second s		
☐ Behavior ☐ Healt		Reading	Vision ☐ Other			
☐ Following directions ☐ Heari	ng Motorskills S	Speech/language 🔲	Writing			
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Drien energial advantion	_	of Existing Inform				
			Prior psychological screening/evaluation date:			
Prior educational screening/evaluation date: Attendance: days absent this school year. Arrived Prior physical/medical screening/evaluation date: days absent last school year.						
more management of the contract of the contrac	nt uns school year.	uays absent las	st school year.	iiioloigio (Aikheelehahen-elatettiitt		
	Previous Attempts	to Deal with Ident	ified Problems			
Classroom Interventions: Enrollment in Other Programs:						
		Bilingual				
		☐ Title I ☐ Gifted	☐ Psy/Counseling ☐ Remedial Readir			
			Prior Special Ed.			
		☐ Migrant	Other			
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Health Screening (attach develop		-				
Vision: Date	ВОТН	RIGHT		LEFT		
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Hearing: Date	AC	ВС	Other Screening R	lesults		
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R						
L						
Specific Health Concerns:						
Medications:						