

Chehalis Schools Referral for Special Education

Per WAC 392-172A-03005(1)(c), a referral may be documented by the use of this optional form.

District Use Only
Date received:

Received By:

Student name: _____

Address: _____ Birth Date: _____

School: _____ Current Grade: _____ Teacher: _____

My name: _____ My relationship to the student: _____

Phone number(s): _____ Email: _____

Language(s) spoken in the home: _____

Has this student been evaluated for special education in the past? Yes No Unknown

If yes, when and where was the evaluation? _____
Unknown

My concerns for the student are: (check all that apply)	
Academic Concerns	Physical/Behavioral Concerns
<input type="checkbox"/> Reading or understanding what is read <input type="checkbox"/> Writing (putting thoughts/ideas into written words and sentences) <input type="checkbox"/> Math (calculating or problem solving) <input type="checkbox"/> Following directions <input type="checkbox"/> Putting thoughts into spoken words (expressive communication) <input type="checkbox"/> Understanding spoken words (receptive communication) <input type="checkbox"/> Pronouncing words and sounds (articulation) <input type="checkbox"/> Identifying letter sounds, or matching spoken sounds to letters/ words is hard	<input type="checkbox"/> Attention and concentration <input type="checkbox"/> Complying with adult directives <input type="checkbox"/> Easily frustrated <input type="checkbox"/> Extreme mood swings <input type="checkbox"/> Social/peer interaction skills <input type="checkbox"/> Motivational issues <input type="checkbox"/> Physical/motor concerns (e.g., holding a pencil, walking upstairs, bouncing a ball, etc.) <input type="checkbox"/> Adaptive skills (e.g., toileting, hygiene, personal safety skills, managing money, etc.) <input type="checkbox"/> School attendance issues
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

In the sections below, please provide additional information that you would like the district to know. This information is not required, but would be helpful to the district when determining whether to evaluate.

Tell us more about your concerns for the student. Where do you see the student struggling?

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What has already been tried to help the student? *Examples could include interventions implemented as part of a multi-tiered system of supports (MTSS), Learning Assistance Program (LAP), Title I, etc.*

Support	How did this support help the student?
<input type="checkbox"/> Tutoring	
<input type="checkbox"/> Small group instruction	
<input type="checkbox"/> Behavior plan	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	

Is there medical or health information about the student that the district should know? Does the student take any medications?

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Is there any other information you would like to share? Is there any paperwork or other records you can share?

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What to Expect Next:

The school team has 25 school days to respond to your referral. You will be contacted by the school for more information, and to schedule a meeting to review your concerns.