

**CHATTAHOOCHEE-FLINT RESA**  
**Psychological Services**  
**REFERRAL FOR PSYCHOLOGICAL EVALUATION**

*(Please check one)*

- Referral for Initial Evaluation
- Referral for Evaluation for Students Served  
Only in Speech/Language
- Out of State Transfer Re-evaluations
- Referral for Gifted Evaluation

\_\_\_\_\_ Date Received by RESA

\_\_\_\_\_ Placement Meeting Due Date  
(To Be Completed by RESA)

\_\_\_\_\_ Date Parent Consent Received

**I. Identifying Information**

Student Name \_\_\_\_\_ Parents Name \_\_\_\_\_  
School System \_\_\_\_\_ Address \_\_\_\_\_  
School \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_  
Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ Grades Repeated \_\_\_\_\_

**II. Referral Information**

**A.** For what reason is the Student Support Team referring this student for psychological evaluation? If the student is being referred for learning problems, specifically describe academic achievement in all his/her subject areas. \_\_\_\_\_

If the student is being referred for emotional/behavioral concerns, specifically describe these problems and explain how they adversely affect the student's academic achievement. \_\_\_\_\_

Does the student receive other services? S/L \_\_\_\_\_ PT \_\_\_\_\_ OT \_\_\_\_\_ Counseling \_\_\_\_\_ (School \_\_\_\_\_ Other \_\_\_\_\_)  
Public/Private Agency Involvement \_\_\_\_\_ If yes, specify \_\_\_\_\_  
Number of Absences in the Past Year and Current Year: \_\_\_\_\_

**B.** Results of Achievement/Cognitive screening: (This may be obtained from statewide testing in the cumulative or instructional folder or from individual screening. Testing must have been completed within one year of the date this referral is received by RESA.)

Academic Achievement Test: \_\_\_\_\_ Date: \_\_\_\_\_  
Subject \_\_\_\_\_ Standard Score \_\_\_\_\_ Percentile or Grade Equivalent \_\_\_\_\_  
(If individual achievement test is given) (If group achievement test is given)

Intelligence/Cognitive Test: \_\_\_\_\_ Date \_\_\_\_\_ IQ \_\_\_\_\_

**C. Medical Information:**

Does this student have medical problems? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe the problem \_\_\_\_\_

Including medication regularly administered at home \_\_\_\_\_ AND/OR at school \_\_\_\_\_

Does this student have special needs that might require accommodations during test? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain briefly \_\_\_\_\_

D. Routine auditory and visual screening was completed on \_\_\_\_\_ (Date). Does this student wear glasses (Yes \_\_\_ No \_\_\_), hearing aids (Yes \_\_\_ No \_\_\_)?

E. Attachments to Referral (Required):

- \_\_\_ 1. Parent Consent for Evaluation.
- \_\_\_ 2. Auditory and visual screening within one year. (If failure of vision and/or hearing occurs, follow-up evaluation and correction shall be included with this referral, If a vision or hearing problem is determined to be uncorrectable, documentation by an appropriate medical professional, including any modifications needed in the evaluation process, should be attached to this referral.)
- \_\_\_ 3. Student Support Team Documentation
  - a. Have you included a referral to the Student Support Team? Yes \_\_\_
  - b. Have you included specific alternative instructional interventions and the results including dates and data points? Yes \_\_\_
  - c. Have you included the SST minutes? Yes \_\_\_
  - d. Have you made your SST final recommendation for a psychological evaluation clear? Yes \_\_\_
- \_\_\_ 4. If available, a copy of the cumulative folder page which shows group test scores and school grades.
- \_\_\_ 5. Any checklists or rating scales that are appropriate for the areas of concern.

**MAKE SURE ALL OF THE ABOVE ITEMS ARE INCLUDED!  
INCOMPLETE REFERRALS WILL BE RETURNED**

**Signatures:**

Teacher _____	Date _____
Principal _____	Date _____
Special Education Director _____	Date _____

**RETURN TO:** Chattahoochee-Flint RESA  
Pupil Services Department  
PO Box 1150  
Ellaville, GA 31806

**(Revised 08/2015)**