

Referral for Multi-Disciplinary Evaluation

Page 4

Student Name: _____

Date of Birth: _____

Summary of Past and Present Support:

Has this student been evaluated for special education previously? Yes No

If so, when and what was the suspected area of disability?

What services is this student receiving or what services has this student received in the past? For the services below, Enter **[C]** if currently receiving or **[P]** if the service was provided in the past

Limited English Proficient	Migrant	Title 1	Speech Language	504	Extended School Services	Gifted and Talented
—	—	—	—	—	—	—

Involvement with Outside Agency(ies): Yes No Agency: _____

Describe services that are being provided to this student by agency(ies) listed above:

Signature of District Representative

Date received by District Representative

Referring Person's Signature

Referral for Multi-Disciplinary Evaluation

Page 6

Student Name: _____

Date of Birth: _____

Admissions and Release Committee (ARC) Use Only – Decision of the ARC:

Complete at ARC meeting to discuss referral:	
<input type="checkbox"/> This referral, as reviewed by the ARC, indicates a suspected disability and there is a need for an individual evaluation.	
<input type="checkbox"/> This referral, as reviewed by the ARC, does not indicate a suspected disability and there is not a need for an Individual evaluation.	
<input type="checkbox"/> This referral, as reviewed by the ARC, does not include sufficient information to determine a suspected disability and the need to initiate a full and individual evaluation. The ARC has determined the information needed to be collected, and will reconvene on	
Date of ARC Decision:	
Signature of LEA Representative:	