

School _____

Signature of School Administrator _____

Date Received _____

**SHARED SERVICES
BARKHAMSTED, COLEBROOK, HARTLAND, NORFOLK, & REGION 7 PUBLIC SCHOOLS**

REFERRAL TO DETERMINE ELIGIBILITY FOR SPECIAL EDUCATION AND RELATED SERVICES

Student: _____ DOB: _____ Age: _____ Grade: _____
 Parent/Guardian: _____ Primary Lang: English Other: _____
 Address: _____ Referred by: _____
 _____ Referral Date: _____
 Telephone: _____ Relationship to Child: _____

1. AREA(S) OF CONCERN:

Check major area(s) of concern, and briefly describe the child's behavior, or performance in each area checked. If you have identified more than one area of concern, circle the area you consider to be the highest priority.

- Academic Social/Emotional Gross/Fine Motor Activities of Daily Living
 Health Related Behavior Communication Other: (specify) _____

A. Describe Specific Concerns:

B. Describe Alternative Strategies Attempted and Outcome: (Use additional pages if necessary.)

Student: _____ DOB: _____

2. Special Services History:

Are you aware of any special services provided for this child now or in the past? Yes No

If Yes, describe the type, location, and provider of the service.

3. Other Relevant Information:

4. Parent Notification:

Has the parent/guardian been notified about your concerns regarding this student? Yes No

If Yes, method of notification: _____

Date(s) parent/guardian was notified: _____

Signed: _____ Date: _____
(Signature of individual completing this form)

***Please note:** The special education referral date immediately affords the student and parent(s) all special education procedural safeguards. This referral also "starts the clock" with respect to the timelines specified in RCSA 10-76d-13(a)(1) and (2) which provide that "(1) The individualized education program shall be implemented within forty-five days of referral or notice, exclusive of the time required to obtain parental consent. (2) In the case of a child whose individualized education program calls for out-of-district or private placement, the individualized education program shall be implemented within sixty days of referral or notice, exclusive of the time required to obtain parental consent." If a parent communicates in writing directly with a staff member that they wish to refer their child for an evaluation to determine her/his eligibility for special education services, the date the staff member receives this written communication constitutes the date of referral. If a parent communicates verbally with a staff member that they wish to refer their child for an evaluation to determine her/his eligibility for special education services, the staff member should provide the parent with a copy of this referral form and, when necessary, assist the parent in completing this form. It should be understood that, in all instances, this is a referral for an evaluation to determine eligibility for special education services. Actual eligibility for special education services is determined by the PPT only after an evaluation has been completed.