

CHATTAHOOCHEE-FLINT RESA
Psychological Services
REFERRAL FOR RE-EVALUATION

Date Received by RESA

I. IDENTIFYING INFORMATION

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

II. PRESENT SPECIAL EDUCATION PLACEMENT

ID ___ EBD ___ VI ___ HI ___ OHI ___ OI ___ AUT ___ TBI ___ SDD ___ SLD ___ (If SLD, check ONLY areas where student is served.)
___ Basic Reading ___ Reading Fluency ___ Reading Comprehension ___ Math Calculation
___ Math Reasoning ___ Listening Comprehension ___ Oral Expression ___ Written Expression
Does student receive any related services? S/L ___ PT ___ OT ___ Counseling ___
Hours/Segments served _____
Public Agency Involvement _____

III. INFORMATION FROM PREVIOUS PSYCHOLOGICAL EVALUATION

*Is this referral being made because this is a transfer student? Yes ___ No ___ If yes, State and School System transferred from _____ (Attach copy of evaluation)
Date of previous Psychological Evaluation _____ (Attach copy of Evaluation)
Re-evaluation/Redetermination Conference Date _____ (Attach copy of Conference Form)

V. 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 testing? Yes ___ No ___
If yes, explain briefly _____
Does this student wear glasses (Yes ___ No ___), hearing aids (Yes ___ No ___)?

VI. THE IEP COMMITTEE REQUESTS

- ___ 1. A **comprehensive** psychological re-evaluation. Reason: _____
___ 2. A **partial** psychological re-evaluation (indicate below which components are requested)
___ Cognitive ___ Social/Emotional ___ Readiness Skills ___ Adaptive Behavior
___ Receptive Language ___ Expressive Language
___ Achievement (indicate which areas):
___ basic reading ___ reading fluency ___ reading comprehension ___ math calculation
___ math reasoning ___ listening comprehension ___ functional academics ___ oral expression
___ written expression
___ Other (specify) _____ **Further evaluation may be necessary based on
the professional judgment of the school psychologist.
___ Reason: _____

VII. ATTACHMENTS TO REFERRAL (REQUIRED)

- ___ 1. A copy of the previous psychological must be attached.
- ___ 2. A copy of Re-evaluation/Redetermination conference form.
- ___ 3. Attach copy of a current achievement test (within the last year) and/or a copy of the IEP Present Level of Performance or a narrative summary of the present level of performance.
- ___ 4. Auditory and visual screening report within 1 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, attach documentation by an appropriate medical professional, including modifications needed in the evaluation process.)
- ___ 5. Parental Consent for Evaluation

**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)