

PARENT REFERRAL FOR A SPECIAL EDUCATION EVALUATION
(Elementary)

Child's full name: _____

Address: _____

Date of birth: _____ Age: _____ Grade: _____

Teacher's name: _____

Parent (s) name: _____

Child lives with: _____

Home phone: _____ Work phone: _____

Did your child attend Discovery Kindergarten? _____

Was your child retained? _____ Grade level _____

Date of referral: _____

Reason for the referral:

Please give a brief statement of your concerns.

What do you feel your son/daughter should be able to do that he/she is not currently doing?

Are certain skills or school subject areas more challenging for your child? Please explain.

Does your child express himself/herself clearly and completely when speaking to you?
Please explain.

Does your child have difficulty with cutting, tracing, drawing, coloring or writing? Please explain.

Does your child have a pattern of being awkward or clumsy? Please explain.

Does your child have any vision, hearing, or health/medical concerns or medical diagnosis? Is your child currently taking any medications? Please explain.

Do you have any concerns regarding your child's social or emotional development?
Please explain.

Is there any other information that you feel the school personnel should be aware of?
