

# North Central Kansas Special Education Services

## Special Services Referral Form

Students Legal Name : \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Student's Social Security #: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Student's Kids ID Number: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

In which school district does the parent live? \_\_\_\_\_

Place of Employment: Father: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

Principal language spoken in the home: \_\_\_\_\_ English \_\_\_\_\_ Other – (please indicate other): \_\_\_\_\_

Send Prior Notice and Eval Consent to Parents in \_\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

General Education Intervention Team recommends that Special Services complete a comprehensive evaluation with special emphasis in (check all that apply):

- |                                   |                             |                                 |
|-----------------------------------|-----------------------------|---------------------------------|
| _____ academic deficits           | _____ audiology/hearing     | _____ reading decoding          |
| _____ health/physical impairments | _____ reading comprehension | _____ severe visual problems    |
| _____ math computation            | _____ early childhood       | _____ math reasoning            |
| _____ motor abilities             | _____ written language      | _____ academic strengths        |
| _____ emotional/social concerns   | _____ behavior concerns     | _____ speech and language needs |
| _____ communication needs         |                             |                                 |

All Referrals must be accompanied with the general education intervention data form, intervention strategies documentation, and other supportive data.

Referring person's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Building Principal's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medicaid Eligible? \_\_\_\_\_ Yes \_\_\_\_\_ No