

Direct Parent Referral Information Form

*Parent/Guardian

*STUDENT INFORMATION	
Student's name: _____	School: _____
Grade: _____	Date of Birth: _____
Parent/Guardian name: _____	
Address: _____	
Email: _____	
Phone: Home: _____	Work: _____ Cell: _____
Primary language in the home: _____	

*PARENT/GUARDIAN CONCERNS
What is the student's disability? _____
What do you believe the educational impact of that disability to be? _____
How long has the student had this disability? _____

SCHOOL CONCERNS (check all that apply)	
<p style="text-align: center;">Instructional Concerns</p> <p>Teacher Parent*</p> <p>() () poor progress in reading</p> <p>() () poor progress in math</p> <p>() () difficulty producing written work</p> <p>() () poor verbal communication skills</p> <p>() () difficulty producing work in timely fashion</p> <p>() () missing/incomplete assignments</p> <p>() () other _____</p> <p>() () other _____</p> <p>() () other _____</p> <p>() () none</p>	<p style="text-align: center;">Behavioral Concerns</p> <p>Teacher Parent*</p> <p>() () poor attention/difficulty staying on task</p> <p>() () noncompliance with directives</p> <p>() () excessively high/low activity level</p> <p>() () difficulty following directions</p> <p>() () easily frustrated</p> <p>() () extreme mood swings</p> <p>() () difficulty getting along with peers</p> <p>() () poor study skills</p> <p>() () inappropriate social interaction skills</p> <p>() () other _____</p> <p>() () other _____</p> <p>() () none</p>

***MEDICAL INFORMATION**

1. Does the student exhibit any signs of mental health, orthopedic, or medical problems? ()Yes ()No
If yes, what? _____
2. Does this student have current vision and hearing (within the past 9 months)? ()Yes ()No
3. Does the student currently wear glasses or contacts? ()Yes ()No
4. Does the student currently wear a hearing aid? ()Yes ()No
5. Is the student receiving any medication at school and/or at home? ()Yes ()No
If yes, what? _____

HISTORICAL INFORMATION

Do any of the following sources of information indicate that the student is experiencing difficulty?

1. Latest report card ()Yes ()No
2. Office Referrals ()Yes ()No
3. Current work samples (please attach) ()Yes ()No
4. Data from current Tier 2/3 interventions ()Yes ()No
5. Relevant standardized testing data ()Yes ()No
Please specify _____
6. In the past 2 years the student's grades have () been consistent () dropped () NA
7. Has this student ever repeated a grade? ()Yes ()No
If so, which one(s)? _____
8. Has this student been previously referred for special education services? ()Yes ()No
9. Did this student ever qualify previously for special education services? ()Yes ()No
If so, when and why were they dismissed? _____
10. Has the student received other supports such as EIP, RTI, 504, ESOL, etc.? ()Yes ()No
If so, which ones? _____
11. Upon review of the information presented, does the parent/guardian wish to continue with the special education evaluation process? ()Yes ()No

***OTHER RELEVANT INFORMATION** (from parents, school, other agencies, private evaluations)

INFORMATION REVIEWED	
Does the information provided by the parent indicate that the student is experiencing significant academic and/or behavioral problems?	()Yes ()No
Does the school information indicate that the student is experiencing significant academic and/or behavioral problems?	()Yes ()No
Does the reviewed information indicate that the student's problem has been going on for some time (did not start within the current school year)?	()Yes ()No
Have Tier 2/Tier 3 interventions been implemented to address the student's academic/behavioral problems?	()Yes ()No
Does the Tier 2/Tier3 intervention data indicate that the student's academic/behavioral problems are not improving in response to the interventions? (If no interventions were implemented, check no.)	()Yes ()No
Comments (if any): 	

COMMITTEE ACTIONS AND SIGNATURES		
1. Meeting minutes were taken and saved in the student's Tier 3 referral in the CSIS RTI Portal 2. This form will be scanned and uploaded into the student's Tier 3 referral as a Supporting Document 3. Obtain <i>Parental Consent for Evaluation</i> (signed and dated). 4. Explain Parental Rights to the parent. 5. Give a copy of this form and the signed <i>Parental Consent for Evaluation</i> to the school psychologist and special education representative. 6. Obtain "passed" vision and hearing screening if not current within the last 9 months.		
POSITION	COMMITTEE MEMBER'S SIGNATURE	DATE
Administrator	_____	_____
General Education Teacher	_____	_____
School Psychologist	_____	_____
Special Education Representative	_____	_____
Parent	_____	_____
Other	_____	_____