

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