

COMPLETING A SPECIAL EDUCATION REFERRAL FORM (CHECKLIST)

All information fields must be completed unless noted.

1. Student's last name, first name and middle initial
2. Student's date of birth, including month, day, and four-digit year.
3. Student's current grade level.
4. Student's age (in years and months) on the date of the referral.
5. Student's gender.
6. Student's ethnic code (optional).
7. Student's MPS ID number, if known.
8. First and last name of student's parent or legal guardian.
9. Full address (including city, state and zip code) of the parent/legal guardian.
10. First and last name of the person with whom the student lives.
11. The relationship between the student and the person with whom the student lives.
12. Full address (including city, state and zip code) of the person with whom the student lives.
13. School the child attends. Please include address and phone number for school. If the child is not enrolled in a school, indicate NONE.
14. MPS school that will do the evaluation. (Neighborhood school based on the address of where the student lives or the address of the private school if the student is a nonresident. This will be completed by MPS.)
15. Indicate how the parent was notified about this referral. If the parent is making the referral, most often this is a conference or a phone call.
16. Telephone number(s) for the parent. Cell phone numbers can be put on the last (Alt.) line.
17. Date parent was told about this referral. (Number 15 above indicates how the parent was notified. This indicates when the parent was notified.) If the parent is making the referral, this date is the same as the referral date below in Number 27. **NOTE: This date must be before or the same as the referral date.**
18. Parent's native language or primary mode of communication.
19. Indicate if an interpreter is needed in order to communicate with the parent.
20. Student's native language or primary mode of communication.
21. Name and title of the person making this referral.
22. Check the reason(s) for the referral. At least one reason must be checked. More than one can be checked if appropriate.
23. Indicate the concerns of the referring person. (See attached questions for further guidance.) If more space is needed, include an additional blank page and continue.
24. Indicate what has been done to help the student. How successful are these strategies? (See attached questions for further guidance.) If more space is needed, include an additional blank page and continue.
25. Indicate the student's strengths. What is s/he good at? Include both school and home/community related skills. (See attached questions for further guidance.) If more space is needed, include an additional blank page and continue.
26. Name of the MPS person who accepts this referral. It is the MPS person who assists the parent in completing this form or the MPS person who receives it from another source (i.e. private school, agency personnel, staff member).
27. Date this referral was received by Number 26 above. This is the start of the 15 business day time line.