

BRUSH COUNTRY CO-OP

Special Education Referral Process

DEMOGRAPHIC STUDENT INFORMATION CARD

STUDENT NAME: _____ **DOB:** _____
(FIRST) (MI) (LAST) (MM / DD / YYYY)

LOCAL ID: _____ **TSDS UNIQUE ID:** _____ **SOC SEC #:** _____ - -

PARENT NAME: _____

ADDRESS: _____
(STREET) (CITY, STATE, ZIP)

PHONE: _____ **ETHNICITY:** _____

TEACHER: _____ **GRADE:** _____

Reason for referral:

BRUSH COUNTRY CO-OP

Special Education Referral Process

The following referral forms must be completed and submitted to the Special Education Department (clerk, diagnostician, or speech pathologist.) as a complete packet:

- **Teacher Input** (completed by *referring teacher*) Date_____
- **Classroom Observation** (completed by *counselor/sp ed teacher*) Date_____
- **Health Information** (completed by *school nurse*) Date_____
- **Parent Input** (*counselor completes with parent*) Date_____
- **Home Language Survey** (copy from student Cumulative folder) Date_____
- **LPAC Report** (if applicable - District form completed by *counselor*) Date_____
- **Referral Information** (completed by *counselor/referring teacher*) Date_____

Must also include...

- **Other Required documentation:** Date_____
- ✓ Copy of **Medicaid card**
- ✓ Copy of **social security card**
- ✓ Copy of **birth certificate**
- ✓ Copy of **immunization card**

Principal reviews forms, signs and dates completed referral and **Counselor** immediately forwards all forms and documentation to the district SEMS Clerk, Diagnostician, or Speech Pathologist.

Completed Referral:

Date_____

Principal's Signature_____

Received by Special Ed Dept:

Date_____

SPED Dept Signature_____