



**Special Education Referral**  
Garrett County Public Schools

|                              |                                 |                                  |                                      |
|------------------------------|---------------------------------|----------------------------------|--------------------------------------|
| <b>Referring Individual:</b> | <input type="checkbox"/> Parent | <input type="checkbox"/> Teacher | <input type="checkbox"/> Other _____ |
|------------------------------|---------------------------------|----------------------------------|--------------------------------------|

| Student Information: |                 |                      |                      |
|----------------------|-----------------|----------------------|----------------------|
|                      |                 |                      |                      |
| First Name           | Last Name       | Middle Name          | DOB                  |
|                      |                 |                      |                      |
| School               | Grade           | Classroom Teacher    | Intervention Teacher |
|                      |                 |                      |                      |
| Street Address       | City            | State                | Zip Code             |
|                      |                 |                      |                      |
| Parent/Guardian Name | Home/Cell Phone | Parent/Guardian Name | Home/Cell Phone      |

| Reason for Referral:  |  |   |
|---|--|---|
| Speech/Language   | Academic Performance   | Other   |
| <input type="checkbox"/> Articulation<br><input type="checkbox"/> Voice<br><input type="checkbox"/> Fluency<br><input type="checkbox"/> Expressive Language<br><input type="checkbox"/> Receptive Language<br><input type="checkbox"/> Pragmatic Language | <input type="checkbox"/> Phonemic Awareness<br><input type="checkbox"/> Phonics<br><input type="checkbox"/> Vocabulary<br><input type="checkbox"/> Reading Fluency<br><input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Math Calculation<br><input type="checkbox"/> Math Problem Solving<br><input type="checkbox"/> Written Expression<br><input type="checkbox"/> Written Language Mechanics<br><input type="checkbox"/> Vision<br><input type="checkbox"/> Health<br><input type="checkbox"/> Motor<br><input type="checkbox"/> Hearing<br><input type="checkbox"/> Cognitive/Intellectual<br><input type="checkbox"/> Social/Emotional<br><input type="checkbox"/> Adaptive |

| Most Recent Assessment/Evaluation Data: |            |          |                     |
|---|------------|----------|---------------------|
|   |            |          |                     |
| ELA Score                               | KRA Score  | MCAP ELA | MCAP Math           |
|   |            |          |                     |
| Algebra 1                               | English 10 | Biology  | American Government |

| Medical Information:       |                                 |                                     |
|----------------------------|---------------------------------|-------------------------------------|
| Vision Screening Results:  | <input type="checkbox"/> Passed | <input type="checkbox"/> Not Passed |
| Hearing Screening Results: | <input type="checkbox"/> Passed | <input type="checkbox"/> Not Passed |
| Other Medical Information: |                                 |                                     |

| Other Information:   |                              |                             |
|--|------------------------------|-----------------------------|
| Does the student have Limited English Proficiency?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, what language or mode of communication should be used for assessments?                   |                              |                             |
|  |                              |                             |
| Are there cultural, environmental, or economic factors that influence the student's performance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, explain.   |                              |                             |
|  |                              |                             |

| Referral Input:  |  |
|--|--|
| Student's strengths, interests, significant personal attributes, and personal accomplishments: |  |
| <hr/> <hr/>  |  |
| Statement of concerns and needs:   |  |
| <hr/> <hr/>  |  |
| Parent/Guardian Input Regarding the Student's Educational Program:                             |  |
| <hr/> <hr/>  |  |
| Date Special Education Referral was Discussed with the Parent/Guardian:                        |  |
| Date Special Education Referral was Reviewed with the Student Support Team (SST):              |  |

**Student Support Team (SST) Information:**

**Dates SST Met to Review Student’s Response to Intervention (RTI) Data:**

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

**SST Signatures:**

| <b>Name:</b> | <b>Title:</b> | <b>Date:</b> |
|--------------|---------------|--------------|
|              |               |              |
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|              |               |              |
|              |               |              |

**Additional Documents:**

**The Following RTI Documentation was Reviewed by SST and Attached to the Referral:**

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Copy of RTI Parent Letter | <input type="checkbox"/> Evidence-Based Intervention | <input type="checkbox"/> Progress Monitoring Data   |
| <input type="checkbox"/> Intervention Logs         | <input type="checkbox"/> Behavioral Data             | <input type="checkbox"/> Behavior Intervention Plan |

**The principal should submit the completed referral to the Director of Special Education immediately after the SST meeting.**

**IEP Chair to Complete After Referral Meeting:**

|  |  |
|--|--|
| <b>Date the Referral was Received:</b>   |  |
| <b>Date of the Referral Meeting:</b>   |  |
| <b>IEP Chairperson/Date:</b>   |  |
| <b>Recommendation of the IEP Team:</b>   |  |
| <input type="checkbox"/> Proceed with special education assessments: <input type="checkbox"/> Parent request <input type="checkbox"/> Student not making adequate progress |  |
| <input type="checkbox"/> Continue with interventions (additional assessments are not warranted at this time)   |  |
| <input type="checkbox"/> Speech only assessments   |  |