

JOHNSTON PUBLIC SCHOOLS

Special Services

DATE _____ / _____ / _____ SASID # _____

NAME _____ SEX _____ D.O.B. _____ / _____ / _____
FIRST MI LAST

SCHOOL _____ GRADE _____ TEACHER/COUNSELOR _____

PARENT/GUARDIAN _____ LANGUAGE SPOKEN IN HOME _____

ADDRESS _____ TELEPHONE (h) _____ (w) _____

STATUS: RESIDENT _____ TUITION _____ OTHER _____

Check as appropriate:

√	RACE	√	LANGUAGE	√	LEGAL GUARDIAN
	American Indian/Alaskan Native		English		Natural Parent
	Asian/Pacific Islander		Non-English		Mother
	Black		Non-Verbal		Father
	Hispanic				Other:
	White				
	Other:				

REASON FOR REFERRAL _____

What are the student's strengths? _____

What motivates the student? What is he/she interested in? _____

Under what conditions does the student work best? _____

Are there any behavior problems that interfere with learning? If so, please describe _____

What reinforcement works best with this student? _____

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INFORMATION REQUIRED BY THE EVALUATION TEAM -

Please check off and attach information

- Screening Results
- Copies of latest report card and standardized test results
- ESL evaluation and summary of ESL support services
- Elementary school portfolio checklist (include scores)
- Health record information (including vision/hearing screening)
- RTI records and classroom interventions
- Guidance/counseling support services
- Social Worker intervention
- Teacher report(s) – Current performance
- PLP data
- Attendance
- 504 Record (evaluations/plan)
- Suspension/behavior/incident reports
- Truancy/probation information (if appropriate)
- Other evaluations _____

PARENT CONTACT RE REFERRAL:

SIGNATURE OF TEACHER

DATE ____/____/____

REFERRED TO EVALUATION TEAM BY:

SIGNATURE OF ADMINISTRATOR

DATE ____/____/____

DATE ____/____/____