

**JOHNSTON PUBLIC SCHOOLS**  
*Special Services*

**SECONDARY SCHOOL SPECIAL EDUCATION  
REFERRAL FORM**

Today's Date: \_\_\_\_\_

Referred by: \_\_\_\_\_

Signature and Title of Referring Person

Date Parent was contacted to discuss this referral: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Administrator

Student's Name: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Student lives with: Mother  Father  Both Parents

Other (specify): \_\_\_\_\_

Native Language/Language of the home: \_\_\_\_\_

**WHEN REFERRING FOR ACADEMIC DIFFICULTIES, ALL OF THE FOLLOWING MUST BE INCLUDED:**

Current class grades; copy of current report card; class schedule; discipline reports (if applicable); attendance

1. Reason for referral. Describe the nature of the difficulty. Give examples of specific concerns.

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2. Have any previous referrals been done on this student?  Yes  
 No

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3. Interventions:

Sections 2 and 3 completed by: \_\_\_\_\_

Subject Area: \_\_\_\_\_

Please check each item "yes" or "no" and fill in the rest if applicable.

<u>Intervention Method</u>	<u>Yes</u>	<u>No</u>	<u>How Long</u>	<u>Results</u>
Counseling	_____	_____	_____	_____
Reduction of Work	_____	_____	_____	_____
Modification of tests, assignments	_____	_____	_____	_____
One – to – one instruction	_____	_____	_____	_____
Oral vs. written report/ exam	_____	_____	_____	_____
Tutoring (teacher/ parent/peer)	_____	_____	_____	_____
After school help	_____	_____	_____	_____
Use of organizational charts	_____	_____	_____	_____
Reward system	_____	_____	_____	_____
Participated in parent conferences	_____	_____	_____	_____
Use of buddy system	_____	_____	_____	_____
Change in seating	_____	_____	_____	_____
Frequent reprimands	_____	_____	_____	_____
Student restates directions	_____	_____	_____	_____
Frequent suspensions	_____	_____	_____	_____

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Other Interventions (describe): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Description of Student:

<u>A. Work Habits</u>	<u>Yes</u>	<u>No</u>	<u>Comments</u>
1. Is work completed on time?	_____	_____	_____
2. Is work neat and legible?	_____	_____	_____
3. Are desk/notebooks organized?	_____	_____	_____
4. Does student attend to task?	_____	_____	_____
5. Is homework completed and turned in?	_____	_____	_____
6. Does student follow directions?	_____	_____	_____
7. Does student work independently?	_____	_____	_____
8. Is student easily frustrated?	_____	_____	_____

B. Peer Relations \_\_\_\_\_

\_\_\_\_\_

C. Relations with teachers/adults \_\_\_\_\_

\_\_\_\_\_

D. Behavior in halls, lunchroom, etc. \_\_\_\_\_

\_\_\_\_\_

E. Attendance \_\_\_\_\_

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5. Does student have any known difficulties or handicaps in:

Speech\_\_\_\_\_ Hearing\_\_\_\_\_ Vision\_\_\_\_\_ Medical\_\_\_\_\_

If so, describe\_\_\_\_\_

\_\_\_\_\_

6. School History: Grades repeated:\_\_\_\_\_ Schools attended since Kindergarten (other than Johnston). If so, indicate which grade(s):

\_\_\_\_\_

\_\_\_\_\_

7. Teacher/Parent contacts: Indicate dates and results of these contacts to discuss this specific problem\_\_\_\_\_

\_\_\_\_\_

8. School services used in the past (include dates if known)

Speech/Language Therapy\_\_\_\_\_ Special Education\_\_\_\_\_

Reading\_\_\_\_\_ Other\_\_\_\_\_

9. Other outside agencies used by parent and/or child (tutoring, family services, mental health clinic, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have the parents received Procedural Safeguards? \_\_\_Yes \_\_\_ No