

Gila Crossing Community School Family Referral for a Special Education Evaluation

Name of Student	DOB	Grade	Today's Date
Ability to express himself/herself clearly when speaking			
Ability to read quickly and smoothly			
Ability to understand what people are saying			
Ability to add, subtract, divide, and multiply numbers			
Basic reading skills			
Ability to use math to solve problems			
Ability to understand what is read			

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Ability to focus and pay attention
Self-care skills (hygiene, dressing, chores)
Social relationships (family and friends)
Staff relationships
General health
Speech, vision and hearing status (poor articulation, speech is difficult to understand, voice problems, difficulty expressing ideas)
Emotional status (temperament)
Fine motor skills (difficulty reaching, grasping or manipulating objects; shaky, stiff or weak movements; poor handwriting)

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Gross motor skills (clumsy or awkward; avoids physical tasks to possibly mask pain, fatigue, or lack of endurance)
Any other relevant information?

Please check any and all of the categories of disability you suspect may be impacting this student's ability to be involved in and progress in the general education curriculum:

- ☐ Autism ☐ Developmental Delay ☐ Emotional Disability ☐ Hearing Impairment
- ☐ Intellectual Disability ☐ Specific Learning Disability ☐ Speech Language Impairment
- ☐ Traumatic Brain Injury ☐ Other Health Impairment ☐ Visual Impairment

Name and relationship to the student of the person making this referral
Date of this referral
What will be your availability (dates & times) to attend a multidisciplinary evaluation team regarding this referral?

For SPED Department Use Only

Signature and date of receipt of this referral