

COPPER RIVER SCHOOL DISTRICT
PO Box 108
Glennallen, AK 99588
SPECIAL EDUCATION REFERRAL FORM

Student Name:				Referral Date:	
Birthday:	Age:	Grade:	Gender:	Student Number:	
Referred By:			Teacher:		
School:			District:		
Parent/Guardian:			Email 1:		
Parent/Guardian:			Email 2:		
Primary Phone:			Alternative Phone:		
Address:			City:	Zip Code:	
Date Entered RTI/MTSS:					

REASON FOR REFERRAL

☐ Educational

☐ Pre-Academic School

Readiness

☐ Reading

☐ Writing

☐ Math

☐

Behavioral/Social/Emotional

☐ Cognitive

☐ Adaptive

☐ Communication

☐ Motor Skills

☐ Speech

☐ Language

☐ Fine

☐ Gross

☐ Hearing

☐ Other

☐ Vision

SUMMARY OF EXISTING INFORMATION & DATA

☐ Intervention Strategies

☐ Current Work Samples

☐ RTI Data

SCREENING INFORMATION

Vision Date: ☐ Pass ☐ Fail

Hearing Date: ☐ Pass ☐ Fail

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PRIOR DATA

Dates of any prior Special Education Referrals:

PRIOR EVALUATIONS

Last Psychological Evaluation Date:

Last Educational Evaluation Date:

Last Physical/Medical Evaluation Date:

DAYS ABSENT

Days Missed this Year (include Suspensions): As of (Date):

Days Suspended this Year:

Days Missed Last Year (total):

Grades Repeated:

LANGUAGE

Primary Language of the Student:

Primary Language Spoken in the Home:

DATA & NOTES: