**[SCHOOL NAME]**

**Student Referral Cover Sheet Requesting a Full and Individual Evaluation from [INPUT LEA NAME]**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Does child have a student ID number from the district? | | | | | | | | | | | | |  | | No | | | | |  | Yes ID # | | | | | | | | | | | | | | | | |
| Date of referral: | | | |  | | | | Child’s last name: | | | | | | | | | |  | | | | | | | | Child’s first name: | | | | | | |  | | | | |
| Date of birth: | | |  | | | | Gender: | |  | Male | |  | | | | Female | | | | | | Primary language: | | | | | | | | | |  | | | | | |
| Parent 1 first and last name: | | | | | |  | | | | | | | | | | | | Parent 2 first and last name: | | | | | | | | | | | | |  | | | | | | |
| Parent 1 street address: | | | | | |  | | | | | | | | | | | | Parent 2 street address: | | | | | | | | | | | | |  | | | | | | |
| Parent 1 city and state: | | | | | |  | | | | | | | | | | | | Parent 2 city and state: | | | | | | | | | | | | |  | | | | | | |
| Parent 1 phone number: | | | | | |  | | | | | | | | | | | | Parent 2 phone number: | | | | | | | | | | | | |  | | | | | | |
| Parent 1 email address: | | | | | |  | | | | | | | | | | | | Parent 2 email address: | | | | | | | | | | | | |  | | | | | | |
| Parent 1 primary language: | |  | | | | | | Is an interpreter needed? | | | |  | | Yes | | | | | Parent 2 primary language: | | | | |  | | | | | | | | | Is an interpreter needed? | |  | | Yes |
|  | | No | | | | |  | | No |
| School name: | |  | | | | | | | | | | Previous schools attended (include city, state) | | | | | | | | | | | | | | |  | | | | | | | Grade/s repeated | |  | |
| ­­School street address: | | | | |  | | | | | | | | | | | | Name and title of school contact: | | | | | | | | | | | | |  | | | | | | | |
| School city, state: | | | | |  | | | | | | | | | | | | School contact phone number: | | | | | | | | | | | | |  | | | | | | | |
| School zip code: | | | | |  | | | | | | | | | | | | School contact email: | | | | | | | | | | | | |  | | | | | | | |
| **Reason for referral (check all that apply):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Parent request. | | | | | | |  | | | Student is transferring in with eligibility from by another county in Florida. Most recent date of eligibility is      . | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Reevaluation is due. | | | | | | |  | | | Student is transferring in with eligibility from a public school district in the state of      . Most recent date of eligibility is | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Determine Matrix score for the [FES-UA](https://www.stepupforstudents.org/scholarships/unique-abilities/). | | | | | | | | | | |  | | Screening results. | | | | | | | | |  | | | | | Teacher observation/progress monitoring | | | | | | | | | | |
|  | Other (please describe): | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Areas of concern (check all that apply):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Educational/academic performance | | | | | | | | | |  | | | Communication | | | | | | | | | | |  | | | | Health | | | | | | | | |
|  | Cognitive/intellectual | | | | | | | | | |  | | | Hearing | | | | | | | | | | |  | | | | Motor abilities | | | | | | | | |
|  | Social emotional | | | | | | | | | |  | | | Vision | | | | | | | | | | |  | | | | Gifted | | | | | | | | |
|  | Other (describe): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **To assist the district with better understanding your child’s strengths and challenges, please provide any additional documentation that will provide a comprehensive picture of your child. Please check any of the following documentation that you will be providing:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Standardized assessments | | | | | | | | | |  | | | Vision screening | | | | | | | | | | | | | | | | | | | | | | | |
|  | School report cards | | | | | | | | | |  | | | Hearing screening | | | | | | | | | | | | | | | | | | | | | | | |
|  | Classroom assessments | | | | | | | | | |  | | | Medical diagnosis | | | | | | | | | | | | | | | | | | | | | | | |
|  | Writing samples | | | | | | | | | |  | | | Neuro-psychological report | | | | | | | | | | | | | | | | | | | | | | | |
|  | Service provider reports | | | | | | | | | |  | | | Other (detail here or use separate sheet): | | | | | | | | | | | | | | | | | | | | | | | |
|  | Physician’s statement | | | | | | | | | |

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**Parent name (printed) Parent signature   
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**