**[SCHOOL NAME]**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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

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**Date**