INSTRUCTIONS FOR COMPLETING SPECIAL EDUCATION REFERRAL FORM

Please complete the enclosed Peoria Public Schools District 150 Special Education Referral Form and return it to the school office.

The district must determine whether an evaluation for special education services is warranted. The Pupil Personnel Services Team (P.P.S.) will review available information which may include the following:

- Review of progress of ongoing interventions
- Review of records
- Observation of the student
- Consultation with teacher, referring party, and when appropriate with the student

Within 14 school days of receiving the completed request, the district will notify you in writing of its decision as to whether an evaluation is warranted. If an evaluation is warranted a member of the P.P.S. team will contact you to start the evaluation process.

Please feel free to contact the school psychologist or school social worker that is assigned to the student’s school if you have any questions regarding the referral form.
School Office Procedures for Receiving a
Request for a Special Education Evaluation Form

1. Office secretary signs and dates receipt of form and then provide a copy of the referral form to the parent.
2. Secretary then faxes the form to PPS Office Secretary:
   ***FAX to ATTN: ________________ FAX #: ________________
3. Office Secretary then places original into district mail/PPS mailbox directed to the School Social Worker and/or School Psychologists’ home office.

Note: When parent makes a verbal request to teachers, the parent should be directed to the school office to obtain the proper form to complete.

PPS Secretarial Procedures for receiving Evaluation Request
1. Create file and enter into Skyward as initial evaluation.
2. Place faxed request for evaluation into the folder and send through district mail to PPS Team.
3. Immediately email PPS Team that a request for evaluation has been made and that the folder is in the district mail.
**Please complete front & back and return to school office**

**NAME OF STUDENT:**

Last
First
Middle

**DATE OF BIRTH:** ___/___/___

**SEX:** M / F

**CURRENT SCHOOL**

**GRADE:** ___

**TEACHER:**

**STUDENT HAS BEEN RETAINED:** Y  N

If so what grade(s): __________

**NAME(S) OF PARENT/GUARDIAN**

**Father:**

Address: __________________________

City, State, Zip

Home Phone: __________
Cell Phone: __________
Employer __________

Work Phone __________________________

**Mother:**

Address: __________________________

City, State, Zip

Home Phone: __________
Cell Phone: __________
Employer __________

Work Phone __________________________

**Guardian:**

Address: __________________________

City, State, Zip

Home Phone: __________
Cell Phone: __________
Employer __________

Work Phone __________________________

**Language/Cultural Background**

- **Student’s Language:**
  - English ___
  - Other (List) __________________________

- **Student’s Communication:**
  - Verbal ___
  - Non Verbal ___
  - Gesture ___
  - Sign ___

- **Language use in home:**
  - English ___
  - Other (List) __________________________

- **Communication used in home:**
  - Verbal ___
  - Nonverbal ___
  - Gesture ___
  - Sign ___

**Health**

**Medication (s) Please List**

________________________
________________________
________________________

**Known Diagnosis**

________________________
________________________
________________________

**Complete information on back**
Agency Involvement (for example, counseling, tutoring, etc.)

Please list type and provider:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Reason for Referral

Please specify the difficulties this student is experiencing at school:

What disability do you suspect the student exhibits?

What type of special education services do you believe the student may benefit from?

Please list any other relevant concerns/information:

Signature of referring person ________________________________ Date _____/____/____

Relationship to student and your phone number ________________________________

***************FOR OFFICE USE ONLY***************

If someone other than parent/guardian is making the request:

Date parent notified _____/_____/______ Notified by: __________________________

Date received by District Staff: _____/_____/______ Received by: __________________

Decision: Warranted  Not Warranted Decision Date: _____/_____/______