MILWAUKEE PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES

REFERRAL FORM:
SPECIAL EDUCATION AND RELATED SERVICES

☐ Initial ☐ Reevaluation

Name of Student (Last, First, Middle Initial):	Date of Birth:	Grade:	Referral Age:	☐ Male ☐ Female	Ethnic Code:	ID#:

Name of Parent or Legal Guardian:	Address (Street, City, State, Zip):
Student Lives With (Name and Relationship):	Address (Street, City, State, Zip):
Attending School:	Evaluating School:

Method of notifying parent of intent to refer: ☐ Conference ☐ Phone Call ☐ Written

Parent Telephone (Home): _____ (Work): _____ (Alt.): _____		Date parent notified of intent to refer:
Parent's or adult student's native language or other primary mode of communication:		Is an interpreter needed for parent? ☐ Yes ☐ No
Student's native language or other primary mode of communication:	Person Making Referral (Name and Title):	

State reason you believe this child has a disability (impairment and a need for special education) – such as academic and nonacademic performance and medical information; any special programs, services, interventions used to address this student's needs and the results of those interventions, etc.

REASONS FOR REFERRAL:

☐ Academic/pre-academic delays
☐ Problems with Learning
☐ Behavioral - Emotional Problems
☐ Visual Problem
☐ Communication Problems
☐ Hearing Problems
☐ Physical/Medical Problems
☐ Sensory/Perceptual skills
☐ Delayed self help skills
☐ Other: _____

REFERRAL CONCERNS:

CURRENT INTERVENTIONS/RESULTS OF INTERVENTIONS:

STRENGTHS:

If a child is transitioning from a Birth to 3 Early Intervention Program, and the district was invited by the designated lead agency to participate in the transition planning meeting, document the date of the meeting and who attended for the LEA or explain why the LEA did not attend.

☐ NA ☐ LEA attended Date: _____ Name: _____ ☐ LEA did not attend

School district representative receiving referral:	Date (mo/dy/yr) of receipt of referral by school district/LEA: *(Note: The date the district receives the referral begins the 15 business day timeline in which to complete the review of existing information and notify the parents of whether additional assessments are needed.)*