**DISTRICT:**

**CHILD’S INFORMATION**

NAME:       ID NUMBER:

STREET:       GENDER:       GRADE:

CITY:       STATE: OH ZIP:

DATE OF BIRTH:

**PARENT/GUARDIAN INFORMATION**

NAME:

STREET:

CITY:       STATE: OH ZIP:

HOME PHONE:       WORK PHONE:

CELL PHONE:       EMAIL:

NAME:

STREET:

CITY:       STATE: OH ZIP:

HOME PHONE:       WORK PHONE:

CELL PHONE:       EMAIL:

**BUILDING OF CURRENT ATTENDANCE:**

|  |
| --- |
|  |

**TEACHER(S):**

|  |
| --- |
|  |

**STUDENT’S NATIVE LANGUAGE (If Not English):**

|  |
| --- |
|  |

**PARENT’S NATIVE LANGUAGE (If Not English):**

|  |
| --- |
|  |

**Reason for Referral:**

|  |
| --- |
|  |

**EDUCATIONAL HISTORY**

Provide data about the child’s progress in the general curriculum or, for the preschool-age child, data pertaining to the child’s growth and development:

|  |
| --- |
|  |

Provide data from previous interventions, including interventions required by Rule 3301-35-06 or; for the preschool child, data from early intervention, community or preschool providers:

|  |
| --- |
|  |

Provide any relevant trend data beyond the past twelve months, including the review of current and previous IEPs:

|  |
| --- |
|  |

Number of school districts attended:

Years at present school building:

List schools/early childhood programs and dates:

|  |
| --- |
|  |

**ATTENDANCE:**

Regular  Irregular

Is this student age-appropriate for grade level?  Yes  No

**BACKGROUND INFORMATION**

**A. Health Data**

Do you suspect problems with  Vision  Hearing

Does the student  Wear Glasses  Use Hearing Aid(s)

Does the student take medication  Yes  No

If yes, specify type and purpose:

|  |
| --- |
|  |

Does the student have any health/developmental/physical problems of which you are aware?  Yes  No

If yes, please explain:

|  |
| --- |
|  |

**B. Environmental Factors**

Describe any specific home factors that might affect the student’s performance in school:

|  |
| --- |
|  |

**For Preschool Children Only *(please check the area(s) of concern):***

|  |  |  |  |
| --- | --- | --- | --- |
| Eating  Receptive Communication  Cognitive  Vision  Other | Dressing  Expressive Communication  Fine Motor  Social/Emotional Behavior | Toileting  Hearing  Play | Attention  Gross Motor |

Describe any other pertinent information not previously described:

|  |
| --- |
|  |

**SIGNATURES**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Person Initiating the Referral |  | Signature of Person Receiving the Referral |
|  |  |  |
| Position or Relationship to Student |  | Title |
|  |  |  |
| Date |  | Date Received |
|  |  |  |
|  |  | Date District Suspects a Disability |