REFERRAL FOR SPECIAL EDUCATION EVALUATION Form R-1 (Rev. 05/2022)

SOLON SPRINGS SCHOOL DISTRICT

SOL	ON SERINGS	SCHOO	JL DISTRIC	1
Name of child (last, first, middle)	DOB	Grade	School	WISEid (if known)
Name of parent or legal guardian	Address (street,	city, state	, zip)	Telephone (area code/number)
Person making referral/title	Date and method of notifying parent of intent to refer Date □ Conference □ Phone call □ Written			
Parent's native language or other primary n	node of communi	cation, if c	ther than Englisl	n (specify):
Is an interpreter needed? Yes Student's native language or other primary	□ No	ication, if	other than Engli	sh (specify):
Date referral received by school district/LEA(month/day/year)				nonth/day/year)
The date the district receives the referral beginformation and to notify the parents of whether the progress in age/grade level general educated ditional information, see Guide to Special 1	her additional assolent's academic antion curriculum, i	essments and function	are needed. In connal performance	mpleting the following that affect access, engagement
Describe why you believe this s	tudent has a disa	ability:		
2. What are your areas of concern and self-determination, physical	` ` ` '	, .	· ·	nmunication, independence

- 3. If known, include information about any of the following:
 - a. Early learning or academic achievement (including early literacy or reading achievement):
 - b. Functional performance (e.g., cognitive learning, communication, independence and self-determination, social and emotional learning):
 - c. Relevant medical information (physical/health including vision and hearing):
 - d. Programs, services, or interventions that have been used to address this student's needs and the results of such interventions (including academic or behavior interventions and assistive technology):