

VASHON ISLAND SCHOOL DISTRICT SPECIAL EDUCATION

P. O. Box 547, Vashon, WA 98070-0547

Phone: 206-463-2121 Fax: 206-463-6262

Special Education Referral Form

Student's legal name: _____ Birthdate: _____ Age: _____ Gender: _____

School: _____ Teacher: _____ Grade: _____

Parent(s)/Guardian(s): _____

Surrogate needed? Yes No (if yes, give name) _____

Mailing address: _____

Home Language: _____

Home phone: _____ Work phone: _____

Interpreter needed? Yes No

Reason for Referral:

Using the following checklist, indicate areas of concern and describe your concern as fully as possible; any achievement level information available should be provided.

ACADEMIC ACHIEVEMENT:

Reading

- Basic skills/Readiness
- Comprehension
- _____
- _____

Math

- Basic skills/Readiness
- Calculations
- Reasoning
- _____

Written Language

- Basic skills/Readiness
- Written expression
- _____
- _____

MOTOR/PERCEPTION:

Fine Motor

- Eye-hand coordination
- Finger dexterity
- Hand function with tools
- Visual Perception
- _____
- _____

Gross Motor

- Balance
- Muscle strength
- Coordination
- Gait
- Ball skills
- _____

PRESCHOOL/KINDERGARTEN:

DIAL-3/Other Screening Date:

- Cognitive/Concepts
- Social/Emotional
- Adaptive/Self-help
- Communication
- Physical Development
- _____

SPEECH/LANGUAGE:

- Articulation
- Receptive language
- Oral/Expressive language
- _____

HEALTH:

- Vision
- Hearing
- Medical
- _____

OTHER:

- Cognitive
- Behavior
- Adaptive/Self-help
- _____

Specific Concerns:

.....

.....

.....

.....

.....

Signature/Position
Vashon Island School District • Special Services

Date