

SEDGWICK COUNTY AREA EDUCATIONAL SERVICES INTERLOCAL COOPERATIVE #618

SPECIAL SERVICES
REFERRAL FORM

Retain Copy for File - Attach all required supporting documentation and evidence.

Complete **ALL** sections, (**please do not use pencil**), then send Referral (ESC-250), the General Education Intervention Data Form (ESC-98), the Intervention Strategies Documentation Form (ESC-240) and other required documentation to: Director, Special Education Office, P.O. Box 760, 620 Industrial, Goddard, KS, 67052.

STUDENT'S LEGAL NAME: _____ STUDENT'S PREFERRED NAME: _____
First MI Last

STUDENT'S SOCIAL SECURITY #: _____ BIRTHDATE: _____ AGE: _____ SEX: _____

STUDENT'S KIDS ID NUMBER: _____

SCHOOL: _____ TEACHER: _____ GRADE: _____

PARENT'S NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

E-MAIL ADDRESS: _____

In which school district does the parent live? _____

PLACE OF EMPLOYMENT: FATHER: _____ PHONE: _____

MOTHER: _____ PHONE: _____

Principal language spoken in the home: ___ English ___ Other - (Please indicate other): _____

Send Prior Notice and Eval Consent to Parents in: ___ English ___ Spanish ___ Other: _____

General Education Intervention Team recommends that Special Services complete a comprehensive evaluation with special emphasis in (**Check all that apply**):

- | | |
|--|--|
| <input type="checkbox"/> academic deficits | <input type="checkbox"/> audiology/hearing |
| <input type="checkbox"/> reading decoding | <input type="checkbox"/> health/physical impairments |
| <input type="checkbox"/> reading comprehension | <input type="checkbox"/> severe visual problems |
| <input type="checkbox"/> math computation | <input type="checkbox"/> early childhood |
| <input type="checkbox"/> math reasoning | <input type="checkbox"/> motor abilities |
| <input type="checkbox"/> written language | <input type="checkbox"/> academic strengths |
| <input type="checkbox"/> emotional/social concerns | <input type="checkbox"/> behavior concerns |
| <input type="checkbox"/> speech and language needs | <input type="checkbox"/> communication needs |

ALL REFERRALS must be accompanied with the general education intervention data form, intervention strategies documentation, and other supportive data.

Referring person's signature: _____ Date: _____

Building Principal's signature: _____ Date: _____

Is this student Medicaid Eligible? ___ YES ___ NO