

**REFERRAL FOR SPECIAL EDUCATION
AND RELATED SERVICES**
Form R-1

New Berlin School District

Name of child (last, first, middle)	DOB	Grade	School	WISEid (if known)
Gender	Race/Ethnicity			Age
Name of parent or legal guardian	Address (street, city, state, zip)			Telephone area/no.
Student Lives with (Name/Relationship): (If different from parent/legal guardian)	Address (street, city, state, zip)			Telephone area/no.
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 mode of communication, if other than English (specify): Is an interpreter needed? Yes No Student's native language or other primary mode of communication, if other than English (specify):				

Date of receipt of referral by school district/LEA:

(month/day/year)

The date the district receives the referral begins the 15 business day deadline by which to complete the review of existing information and to notify the parents of whether additional assessments are needed.

In completing the following information, consider concerns about the student's access, engagement and progress in age/grade level general education curriculum, instruction, environment, or other school activities.

1. Describe why you believe this student has a disability:

2. If known, include information about any of the following,:
 - a. Academic/pre-academic achievement (including reading achievement or early literacy):

 - b. Functional performance (i.e. daily living skills, executive functioning, social, emotional, and behavior):

 - c. Relevant medical information (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:

