

School District/Public Agency	<h2 style="margin: 0;">Referral - Special Education</h2> <p style="margin: 0;">34 C.F.R. §300.301(b)</p>
Converse County School District #1	

Name of Student		WISER ID	DOB	Grade	Date
Name(s) of Parent or Guardian		Name(s) of Parent or Guardian			
Address (City, State & Zip)		Address (City, State & Zip)			
Contact Information		Contact Information			
H:	C:	H:	C:		
W:	Email:	W:	Email:		

Reason for Referral

<p>State reason(s) you believe that the child has a disability and needs special education and related services. Explain in detail the child's academic and nonacademic performance. Include any important medical, emotional or other health related information.</p>

Name of Student	DOB	Grade

Interventions and Effects

Discuss and detail any interventions, services or other programs used to address the child’s needs. Include information about the duration of the interventions, services or programs that were attempted and the effects of the interventions on the child’s performance, to the extent known.

Parent Involvement

Indicate how the concerns have been addressed with parent(s).

Signature of Person Making the Referral:

Signature _____ Date _____

For Agency Use Only

Name & Title of Public Agency Representative Receiving Referral	Date of Receipt of Referral	Procedural Safeguards Provided to Parent for Initial Referral 34 C.F.R. §300.504(a)(1)
		By: _____ Date: _____