



Georgia School for Innovation and the Classics System
Referral for Special Education Evaluation/Eligibility

CONFIDENTIAL

Date of Hearing/Vision Screening _____/_____/_____
Evaluation Request Date _____/_____/_____ (must be within one year)

Name of Individual Requesting Evaluation: _____

Please complete all items. Incomplete referrals will be returned to the referring team.

I. General Information

Name: _____ Date of Birth: _____ Age: _____ Sex: _____

Primary Teacher: _____ School: _____ Grade: _____ Grades Retained: _____

Served ELL: Y or N Served EIP: Y or N Served Migrant: Y or N

Father's Name: _____ Employer: _____

Mother's Name: _____ Employer: _____

Address: _____ Phone: _____

Marital Status: _____ Married _____ Divorced _____ Separated _____ Widowed _____ Single

Number of Brothers _____ Number of Sisters _____

Describe Family Background and Medical History, including complications at birth and childhood illnesses, as well as family concerns that may affect learning.

II. Initial Referrals:

Presenting Problem: Describe in detail what the student does or does not do that is of concern to you.

List Student Strengths:

III. Behavior Checklist (Check all that apply)

A) Social / Emotional Behavior

- | | | |
|---|---|--|
| <input type="checkbox"/> Demands excessive attention | <input type="checkbox"/> Relates well to adults | <input type="checkbox"/> Aggressive towards others |
| <input type="checkbox"/> Assumes leadership in groups | <input type="checkbox"/> Loud, boisterous | <input type="checkbox"/> Plays well with other peers |
| <input type="checkbox"/> Exhibits uncooperative behavior | <input type="checkbox"/> Absent frequently | <input type="checkbox"/> Has few close friends |
| <input type="checkbox"/> Seems emotionally well adjusted | <input type="checkbox"/> Easily frustrated | <input type="checkbox"/> Lacks motivation, apathetic |
| <input type="checkbox"/> Does not readily adjust to change | <input type="checkbox"/> Poor self-control | <input type="checkbox"/> Overly sensitive |
| <input type="checkbox"/> Careless about physical appearance | <input type="checkbox"/> Poor sport | <input type="checkbox"/> Appears unhappy |
| <input type="checkbox"/> Lacks respect for other's property | <input type="checkbox"/> Daydreams | <input type="checkbox"/> Appears happy |
| <input type="checkbox"/> More immature than majority | <input type="checkbox"/> Restless | <input type="checkbox"/> Disturbs other students |
| <input type="checkbox"/> Overly dependent on others | <input type="checkbox"/> Fearful | <input type="checkbox"/> Tries to control others |
| <input type="checkbox"/> Overly anxious to please | <input type="checkbox"/> Shy and withdrawn | <input type="checkbox"/> Sad and depressed |
| <input type="checkbox"/> Behavior unpredictable | <input type="checkbox"/> Other _____ | |

B) Study Skills and Learning Behavior:

- | | |
|---|--|
| <input type="checkbox"/> Puts forth best effort but continues to fail | <input type="checkbox"/> Poor communication skills |
| <input type="checkbox"/> Seldom completes assignments | <input type="checkbox"/> Disorganized work habits |
| <input type="checkbox"/> Needs more individual assistance | <input type="checkbox"/> Poor concept of time |
| <input type="checkbox"/> Difficulty in following directions | <input type="checkbox"/> Ignores school rules |
| <input type="checkbox"/> Easily distracted from task at hand | <input type="checkbox"/> Other: _____ |

C) Motor Behavior:

- | | |
|--|--|
| <input type="checkbox"/> Works at a slower pace than classmates | <input type="checkbox"/> Reverses/ rotates letters/ words |
| <input type="checkbox"/> Speech, vision, or hearing difficulties | <input type="checkbox"/> Easily distracted from task at hand |
| <input type="checkbox"/> Unable to copy from board or book accurately | <input type="checkbox"/> Poorly coordinated |
| <input type="checkbox"/> Difficulty participating in games due to coordination | <input type="checkbox"/> Overly active |
| <input type="checkbox"/> Other _____ | |

D) Perceptions

Indicate your perception of the following:

Student's attitude toward authority figures: _____

Student's reaction to praise: _____

Student's reaction to punishment: _____

Student's reaction to success: _____

Student's reaction to failure: _____

Additional information that would be helpful to the psychologist and/or special education teacher:

IV: Description of Prior Interventions. (Must be RESEARCH-BASED methods)

Area of Difficulty:	
Scientific, research, or evidence-based interventions:	
Intervention:	
Beginning Date:	
Ending Date:	
Frequency:	
Baseline Performance Data	
Performance Date:	
Performance Data:	
Summary:	
Intervention Date:	
Intervention Data:	
Summary:	