

Clark County Public Schools
 Parent Request
 Referral for Multi-Disciplinary Evaluation

Student's Full Name:		SSID:	
Date of Birth:	Gender:	Race/Ethnicity:	
Student Represented by: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Surrogate			
Does Student Live with Parents? <input type="checkbox"/> YES <input type="checkbox"/> No			
If No, With Whom Does the Student Live?:		Relationship:	
Note: If student lives with someone other than the parent, the <i>Determination of Parent Representative for Educational Decision Making</i> form must be completed and attached			
Parent/Guardian:			
Home Address:			
Home Phone:		Work Phone:	
Primary Mode of Communication of the Student:			
Primary Mode of Communication in the Home:			
General Education Teacher:		Grade:	
Referring Person/Title:			

Major Areas(s) of Concern: Check each reason for referring this student:

☐ Communication

- ☐ Communicates Basic Needs and Wants
- ☐ Articulation
- ☐ Knowledge of Sound/Letter Association
- ☐ Other Specify:

- ☐ Expressive Language
- ☐ Voice Quality
- ☐ Receptive Language
- ☐ Other Specify:

☐ Academic Performance

- ☐ Oral Expression
- ☐ Written Expression
- ☐ Reading Comprehension
- ☐ Mathematics Calculation
- ☐ Other Specify:

- ☐ Listening Comprehension
- ☐ Basic Reading Skills
- ☐ Reading Fluency
- ☐ Mathematics Reasoning and Application
- ☐ Other Specify:

☐ Health, Vision, Hearing and Motor Abilities

- ☐ Gross Motor Skills
 - ☐ Body Control
 - ☐ Locomotion
- ☐ Vision
- ☐ Developmental History
- ☐ Other Specify

- ☐ Fine Motor Skills
 - ☐ Perceptual Motor
 - ☐ Sensory
- ☐ Hearing
- ☐ Other Specify

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Student's Full Name:

SSID:

☐ Social and Emotional Status

- ☐ Interaction with Peers
- ☐ Interaction with Adults
- ☐ Acceptance of Rules
- ☐ Acceptance of Correction
- ☐ Acceptance to Disappointment
- ☐ Self Help Skills/Play Skills
- ☐ Team/Membership
- ☐ Other Specify:

- ☐ Mood Swings
- ☐ Repetitive Behaviors
- ☐ Self Concept
- ☐ Inactivity or Withdrawal
- ☐ Cooperation
- ☐ Self Control
- ☐ Expression of Feelings/Affect
- ☐ Other Specify:

☐ General Intelligence

- ☐ Understanding New Concepts
- ☐ Interpreting Data to Make Decisions
- ☐ Comparing/Contrasting Ideas of Objects
- ☐ Perceptual Discrimination
- ☐ Other Specify:

- ☐ Predicting Events/Results
- ☐ Problem Solving
- ☐ Applying Knowledge
- ☐ Memory
- ☐ Other Specify:

☐ Work Skills/Technical/Vocational Functioning

- ☐ Attending to Task
- ☐ Following Directions
- ☐ Independent Work Habits
- ☐ Seeking Assistance When Needed
- ☐ Using Research Tools Effectively
- ☐ Maintaining Physical Stamina
- ☐ Having Realist Vocational Goals
- ☐ Other Specify

- ☐ Punctuality
- ☐ Completing Work
- ☐ Organizing Materials/Belongings
- ☐ Using Technology to Gather/Organize Info
- ☐ Identifying Preferences/Interests
- ☐ Recognizing Personal Limitations
- ☐ Other Specify

Specialized Equipment Used by Student:

Describe any Existing Medical Health Conditions Below:

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Is Student Currently on Medication?: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify Type and Dosage Below:

Summary of Past and Present Support:

Has this student been evaluated for special education previously? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, <ul style="list-style-type: none"> When was the student evaluated? What was the suspected area of disability? 						
What services is this student receiving or what services has this student received in the past? For the services below, Enter [C] if currently receiving or [P] if the service was provided in the past						
Limited English Proficient	Migrant	Title 1	Speech Language	504	Extended School Services	Gifted and Talented

Involvement with Outside Agency(ies): <input type="checkbox"/> Yes <input type="checkbox"/> No Agency:
Describe services that are being provided to this student by agency(ies) listed above:

Signature of District Representative

Date received by District Representative

Referring Person's Signature