

GENERAL PRE-REFERRAL FORM (OSPI)

Date: _____

I would like to request a special education evaluation for the following student:

Student name: _____ Birthdate: _____

School name (if in school): _____ Grade: _____ Age: _____

My name: _____ My relationship to the student: _____

Phone: _____ Email: _____

Language(s) spoken in the home: _____

Has this student been evaluated for special education in the past? Yes No I do not know

If yes, when and where was the evaluation? _____ I do not know

My concerns for the student are: (check all that apply)	
Academic Concerns	Physical/Behavioral Concerns
<input type="checkbox"/> Reading or understanding what is read <input type="checkbox"/> Writing (putting thoughts/ideas into written words and sentences) <input type="checkbox"/> Math (calculating or problem solving) <input type="checkbox"/> Following directions <input type="checkbox"/> Putting thoughts into spoken words (expressive communication) <input type="checkbox"/> Understanding spoken words (receptive communication) <input type="checkbox"/> Pronouncing words and sounds (articulation)	<input type="checkbox"/> Attention and concentration <input type="checkbox"/> Complying with adult directives <input type="checkbox"/> Easily frustrated <input type="checkbox"/> Extreme mood swings <input type="checkbox"/> Social/peer interaction skills <input type="checkbox"/> Motivational issues <input type="checkbox"/> Physical/motor concerns (e.g., holding a pencil, walking upstairs, bouncing a ball, etc.) <input type="checkbox"/> Adaptive skills (e.g., toileting, hygiene, personal safety skills, managing money, etc.) <input type="checkbox"/> School attendance issues
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other: