



# NORTH REGION SELPA

Alameda, Albany, Berkeley, Emery, Piedmont Unified School Districts

## Referral for Special Education and Related Services Assessment

Student Name (no nickname) \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_\_\_  
 Age \_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_  
 Ethnicity(s) (up to 4): \_\_\_\_\_  
 Student's native language or other primary mode of communication: \_\_\_\_\_  
 English Proficiency:  Fluent  Limited English Proficient  Non-English Proficient  
 Current Program:  General Education  Private School  ELD  Other \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_ Parent/Guardian #2 \_\_\_\_\_  
 Street \_\_\_\_\_ Street \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Home/work/cell phones \_\_\_\_\_ Home/work/cell phones \_\_\_\_\_

Home (parent/guardian)  Foster Care  LCI/Group Home  Other \_\_\_\_\_  
 Parent's native language or other primary mode of communication if other than English: \_\_\_\_\_

Primary Concern Regarding Student: \_\_\_\_\_

Describe the area(s) of concern that generated this referral for assessment:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

1. Have there been previous requests for special education assessment?  No  Yes  Outcome \_\_\_\_\_
2. Has the student ever received special education services?  No  Yes  If yes, when? \_\_\_\_\_
3. Summarize general education interventions which have been tried. Attach Student Study team summary sheets and documentation of interventions. *(A pupil shall be referred for special education instruction and services only after the resources of the general education program have been considered and, where appropriate, utilized. EC 56303).* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### District Use Only

Referral generated by  Parent  Student Study Team  Other \_\_\_\_\_  
 Date form received: \_\_\_/\_\_\_/\_\_\_\_ Date Assessment Plan due (15 days) \_\_\_/\_\_\_/\_\_\_\_  
 Form completed by \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Case Manager: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Date parent notified of intent to refer (if applicable) \_\_\_/\_\_\_/\_\_\_\_  
 Method of notifying parent of intent to refer (if applicable)  Conference  Phone call  Written