

**REFERRAL FORM  
SPECIAL EDUCATION AND RELATED SERVICES (R-1)**

**MIDDLETON-CROSS PLAINS AREA SCHOOL DISTRICT**

Initial

Reevaluation

Name of child (Last, first, middle)		Date of birth	Grade	School
Name of parent or legal guardian		Address (Street, city, state, zip)		
Telephone area/no.	Person making referral/title		Date parent notified of intent to refer	
Method of notifying parent of intent to refer <input type="checkbox"/> Conference <input type="checkbox"/> Phone call <input type="checkbox"/> Written			Is an interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent's or adult student's native language or other primary mode of communication if other than English (specify):				
Child's native language or other primary mode of communication if other than English (specify):				

**Receipt of referral by school district/LEA** \_\_\_\_\_

\_\_\_\_\_  
 Representative) (month, day, year) (LEA

*(Note: the date the district receives the referral begins the 15 business day timeline in which to complete the review of existing information and notify the parents of whether additional assessments are needed.)*

State reason you believe this child has a disability (impairment and a need for special education)

Information related to academic and non-academic performance (include or attach information related to ongoing progress monitoring, screenings, observations, etc.)

Medical information:

Special programs, services, interventions used to address this student's needs:

Results of those interventions (include dates of initial services as well as dates progress monitoring was conducted):

If the child is transitioning from a Birth to 3 Early Intervention Program, and the district was invited by the designated lead agency to participate in the transition planning meeting, document the date of the meeting and who attended for the LEA or explain why the LEA did not attend:

N/A