

LaSalle/Putnam County Educational Alliance for Special Education

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L.E.A.S.E. REFERRAL FOR EVALUATION

NAME OF STUDENT \_\_\_\_\_ D.O.B. \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

SCHOOL DISTRICT \_\_\_\_\_ HOME SCHOOL \_\_\_\_\_

TEACHER (S) \_\_\_\_\_ GRADE \_\_\_\_\_

REASON(S) FOR REFERRAL (Please be specific in addressing any learning, speech/language and/or social emotional concerns):

INTERVENTIONS IMPLEMENTED: Consider all domains. Each domain may not have an intervention.

Academic Performance \_\_\_\_\_

Communication Status General \_\_\_\_\_

Intelligence Hearing/Vision \_\_\_\_\_

Health \_\_\_\_\_

Motor Abilities \_\_\_\_\_

Social/Emotional Status \_\_\_\_\_

MODE(S) OF COMMUNICATION (those that apply):

\_\_\_ Verbal/Expressive (typical pattern) \_\_\_ Total Communication (speech, signing & lip reading)

\_\_\_ Gestures \_\_\_ Signing \_\_\_ Other \_\_\_\_\_

\_\_\_ Unstructured Sounds \_\_\_ Communication Device

<p>EXTENT TO WHICH STUDENT USES EXPRESSIVE LANGUAGE:</p> <p>___ Adequate ___ Minimal ___ None</p>	<p>Does this child receive speech/language services?</p> <p>___ Yes ___ No</p>
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LANGUAGE USE PATTERN:

1. Language spoken in home \_\_\_\_\_

If other than English, complete and attach "STUDENT LANGUAGE SURVEY" form.

2. Language spoken most comfortably and frequently by student \_\_\_\_\_

3. Proficiency in English is: \_\_\_ Adequate \_\_\_ Minimal \_\_\_ None

ETHNIC CODE/CULTURAL BACKGROUND (one):

\_\_\_ White (Not Hispanic Origin) \_\_\_ African-American

\_\_\_ Hispanic \_\_\_ Asian or Pacific Islander \_\_\_ American Indian or Alaskan Native

DATE SUBMITTED: \_\_\_\_\_

SIGNATURE OF REFERRING PARTY/TITLE

SIGNATURE OF ADMINISTRATOR RECEIVING REFERRAL/TITLE

Team which determined whether to conduct or not conduct evaluation \_\_\_\_\_ Date \_\_\_\_\_

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