 **New Lenox School District 122**

 102 South Cedar Road, New Lenox, Illinois 60451

 Phone 815-485-2169 Fax 815-462-2894

**Parent/Guardian Outside Agency Referral Form**

Date Received in

Special Education Office

**PLEASE COMPLETELY FILL OUT THE INFORMATION REQUESTED BELOW** (use ball point pen)

**If enrolled in public school:**

 **Complete the referral – attach additional information as you deem necessary**

 **Parent/Guardian sign and date the bottom of the referral**

 **Parent/Guardian please keep and read those pages labeled “Explanation of Procedural Safeguards Available to Parents/Guardians of Students with Disabilities”**

 **Ask Building Principal to sign and date the referral**

 **Submit the referral to the school building office or to New Lenox Schools District Office**

**If enrolled in private school:**

 **Complete the referral – attach additional information as you deem necessary**

 **Parent/Guardian sign and date the bottom of the referral**

 **Parent/Guardian please keep and read those pages labeled “Explanation of**

**Procedural Safeguards Available to Parents/Guardians of**

**Students with Disabilities”**

 **Ask Building Principal to sign and date the referral**

 **Submit the referral to the Public School District where the private school is located – NOT the district of residence of the**

**student**

**In both cases this form and any supporting data will be forwarded to the appropriate staff to determine if a full case study evaluation is warranted.**

 Student’s Legal Name Sex Birthdate

 Grade School Resident District

 Parent/Guardian Name(s) Telephone

 Address Town Zip Code

 Father cell phone work phone

 Mother cell phone work phone

 Principal How long has child been enrolled in your district?

 Person making Referral Title

|  |  |  |
| --- | --- | --- |
| Address | Telephone |  |
| I. **Reason for the Referral** (check all boxes that apply)Academic/Learning Speech/Language | Social/Emotional | Physical/Medical |
| Processing/Memory Motor | Behavioral | Other |

II. **Specific Referral Questions to be Answered by the Case Study Evaluation.** (Other than questions pertaining to special education eligibility.)

III. **List supports, interventions, programs school and/or parents attempt to improve child’s learning and/or behavior problems and results.**

(Be specific. Attach any reports, tests, etc.)

**Required Signatures:**

Date Parent/Guardian Date Teacher

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Principal |  | Date | Superintendent |
| enc: | Explanation of Procedural Safeguards |  |  |  |

cc: Home School

 District Office

Parent/Guardian Revised 11/2014