

Brewer School Department

Parent/Guardian Referral to Special Education/504

Directions: This form should be completed by the parent or guardian of the student in question. Please complete this form as thoroughly as possible. In the spaces provided, please provide an explanation to any question marked yes. Once complete, please mail to the Brewer School Department Director of Pupil Services at 261 Center Street, Brewer, Maine, 04412. Or, you may submit the completed form to your student’s teacher and/or principal for processing. For assistance completing this form, please contact the Office of Pupil Services at 989-8636.

Person completing referral: _____

Relationship to Student: _____

Student Name:	DOB:	Grade:
Teacher Name:		
Parent’s Name: _____ Relationship: _____ Address: _____ Phone number: _____ Email: _____		
Parent’s Name: _____ Relationship: _____ Address: _____ Phone number: _____ Email: _____		

I. AREAS OF CONCERN - Please check each area of concern below.

<input type="checkbox"/> Speech/ Language:	<input type="checkbox"/> Behavior
<input type="checkbox"/> Comprehension/Receptive	<input type="checkbox"/> Attention
<input type="checkbox"/> Expressive	<input type="checkbox"/> Executive Functioning/Organizational Skills
<input type="checkbox"/> Articulation	<input type="checkbox"/> Reading
<input type="checkbox"/> Voice or Fluency of Speech	<input type="checkbox"/> Writing
<input type="checkbox"/> Hearing	<input type="checkbox"/> Math
<input type="checkbox"/> Vision	<input type="checkbox"/> Gross Motor Development
<input type="checkbox"/> Emotional Development and Regulation	<input type="checkbox"/> Fine/Visual or Sensorimotor Development
<input type="checkbox"/> Attendance	<input type="checkbox"/> Other:

Describe each area of concern checked above:

EDUCATIONAL HISTORY

Is your child struggling to meet academic standards in reading, writing or math?	YES	NO
EXPLAIN:		
Has your child ever been referred for educational services?	YES	NO
EXPLAIN:		
Has your child ever been retained? If yes, what grade was he/she retained _____	YES	NO
EXPLAIN:		
Does your child speak any language other than English?	YES	NO
EXPLAIN:		
Does your child have attendance difficulties?	YES	NO
EXPLAIN:		
Does your child have motivational issues related to school?	YES	NO
EXPLAIN:		
Has your child ever attended private school or been home schooled?	YES	NO
EXPLAIN:		
Has your child ever participated in education services outside of public school, such as tutoring instruction?	YES	NO
EXPLAIN:		
Has your child ever participated in education-related or developmental evaluations outside of school?	YES	NO
EXPLAIN:		

EMOTIONAL/BEHAVIORAL HISTORY		
Has your child been diagnosed with any behavioral or developmental disorder?	YES	NO
EXPLAIN:		
Does your child appear to have difficulty sustaining attention?	YES	NO
EXPLAIN:		
Does your child have motivational issues in daily activities?	YES	NO
EXPLAIN:		
Has your child ever expressed concern about hurting him/herself or others?	YES	NO
EXPLAIN:		
Has your child ever expressed substance abuse issues?	YES	NO
EXPLAIN:		
Has your child had a history of disciplinary problems at school?	YES	NO
EXPLAIN:		
Has your child ever participated in counseling or therapy outside of school?	YES	NO
EXPLAIN:		
Has your child ever received home/community-based support services such as targeted case management, Section 28, or HCT?	YES	NO
EXPLAIN:		

MEDICAL/DEVELOPMENTAL HISTORY		
Has your child ever been diagnosed with a medical or developmental disorder by Child Development Services (CDS) or another provider or doctor?	YES	NO
EXPLAIN:		

Has your child ever received services for any medical condition in a school setting?	YES	NO
EXPLAIN:		
Does your child currently take medication(s) that may affect his/her learning or behavior?	YES	NO
EXPLAIN:		
Has your child ever demonstrated difficulty related to speech or language development (articulation, comprehension, stuttering, etc.)?	YES	NO
EXPLAIN:		
Has your child ever demonstrated fine motor weakness (handwriting, picking up small objects, using scissors, etc.)?	YES	NO
EXPLAIN:		
Has your child ever demonstrated gross motor weakness (walking/running, maintaining balance, jumping, reaching, etc.)?	YES	NO
EXPLAIN:		
Please explain any other concerns not yet addressed.		

Signature of Person Making Referral

Date

Print Name

Signature of Building Administrator (Forward to Director of Pupil Services)

Date

To be completed by the Office of Pupil Services

Signature of Director of Pupil Services

Date

Student Referral Assigned to: _____
Special Education Teacher/Case Manager

Referral IEP meeting due on or by (within **15 school days** of date signed above): _____