

School \_\_\_\_\_

Signature of School Administrator \_\_\_\_\_

Date Received \_\_\_\_\_

**HAMDEN PUBLIC SCHOOLS**  
**REFERRAL TO DETERMINE ELIGIBILITY FOR SPECIAL EDUCATION AND RELATED SERVICES**

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Primary Lang: ☐ English ☐ Other: \_\_\_\_\_  
Address: \_\_\_\_\_ Referred by: \_\_\_\_\_  
\_\_\_\_\_ Referral Date: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**1. AREA(S) OF CONCERN:**

Check major area(s) of concern, and briefly describe the child's behavior, or performance in each area checked. If you have identified more than one area of concern, circle the area you consider to be the highest priority.

☐ Academic ☐ Social/Emotional ☐ Gross/Fine Motor ☐ Activities of Daily Living  
☐ Health Related ☐ Behavior ☐ Communication ☐ Other: (specify) \_\_\_\_\_

**A. Describe Specific Concerns:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Describe Alternative Strategies Attempted and Outcome:** (Use additional pages if necessary.)

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student: \_\_\_\_\_

DOB: \_\_\_\_\_

**2. Special Services History:**

Are you aware of any special services provided for this child now or in the past?

☐ Yes

☐ No

If Yes, describe the type, location, and provider of the service.

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**3. Other Relevant Information:**

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**4. Parent Notification:**

Has the parent/guardian been notified about your concerns regarding this student?

☐ Yes

☐ No

If Yes, method of notification:

\_\_\_\_\_

Date(s) parent/guardian was notified:

\_\_\_\_\_

Signed:

\_\_\_\_\_  
(Signature of individual completing this form)

Date:

\_\_\_\_\_

**\*Please note:** The special education referral date immediately affords the student and parent(s) all special education procedural safeguards. This referral also “starts the clock” with respect to the timelines specified in RCSEA 10-76d-13(a)(1) and (2) which provide that “(1) *The individualized education program shall be implemented within forty-five days of referral or notice, exclusive of the time required to obtain parental consent.* (2) *In the case of a child whose individualized education program calls for out-of-district or private placement, the individualized education program shall be implemented within sixty days of referral or notice, exclusive of the time required to obtain parental consent.*” If a parent communicates in writing directly with a staff member that they wish to refer their child for an evaluation to determine her/his eligibility for special education services, the date the staff member receives this written communication constitutes the date of referral. If a parent communicates verbally with a staff member that they wish to refer their child for an evaluation to determine her/his eligibility for special education services, the staff member should provide the parent with a copy of this referral form and, when necessary, assist the parent in completing this form. It should be understood that, in all instances, this is a referral for an evaluation to determine eligibility for special education services. Actual eligibility for special education services is determined by the PPT only after an evaluation has been completed.