ESPERANZA SCHOOL

Parent Referral & Child Find Information Form

Student Name: _____ **Date of Birth:** _____ **Grade:** _____

Teacher: _____ **Date Completed:** _____

Person completing form: ☐ Parent/Guardian ☐ Teacher/School Staff ☐ Outside Provider

☐ Other (Specify Relationship/Role, e.g. Mom, Dad, Grandma): _____

1) GENERAL CONCERNS AND QUESTIONS

What concerns or questions do you have about this student's learning, development, communication, behavior, or participation at school?

1.1) What are you hoping the school team will help determine?

☐ How to better support my child in general education
☐ Whether additional interventions/supports are needed
☐ Whether my child may have a disability
☐ Whether my child should be evaluated for special education
☐ Whether my child may need a Section 504 evaluation
☐ Whether additional information or assessments are needed
☐ I am not sure and would like the school team to help determine next steps
☐ Other: _____

1.2) If you are requesting a special education evaluation, please describe what you would like the evaluation to help determine:

2) AREAS OF CONCERN

Please check any areas where you have concerns. Checking an area does not automatically mean that a disability is suspected or that an evaluation will be conducted in that area.

Academic / Learning	Communication	Social / Emotional / Behavioral	Developmental / Adaptive / Motor
☐ Reading	☐ Understanding language	☐ Emotional regulation	☐ Independence
☐ Writing/Spelling	☐ Expressing wants/needs	☐ Anxiety/worry	☐ Daily living skills
☐ Mathematics	☐ Vocabulary	☐ Frustration tolerance	☐ Safety awareness
☐ Learning new info	☐ Conversation	☐ Aggression	☐ Fine motor skills
☐ Remembering info	☐ Speech sounds	☐ Self-injury	☐ Gross motor skills
☐ Following directions	☐ Social communication	☐ Tantrums/meltdowns	☐ Sensory needs
☐ Completing/org work	☐ AAC / Alt comm.	☐ Withdrawal/shutdown	☐ Feeding
☐ Attention in instruction	☐ Other: _____	☐ Social interaction	☐ Toileting
☐ Other: _____		☐ Transitions/changes	☐ Other: _____
		☐ Impulsivity	
		☐ Other: _____	

3) SCHOOL IMPACT

HOW DO THE AREAS ABOVE AFFECT THE STUDENT AT SCHOOL?

- ☐ Access instruction
- ☐ Learn new information
- ☐ Complete classroom activities
- ☐ Communicate with adults/peers
- ☐ Participate in group activities
- ☐ Transition between settings
- ☐ Regulate emotions or behavior
- ☐ Work independently
- ☐ Develop/maintain peer relationships
- ☐ Remain safe
- ☐ Attend school consistently
- ☐ Other: _____

Please provide specific examples, if possible:

Compared with other students of approximately the same age/grade, what differences or concerns are you observing?

4) STUDENT STRENGTHS, INTERESTS, AND ABILITIES

5) DEVELOPMENTAL, HEALTH, AND OTHER RELEVANT INFORMATION

Please share information that you believe may affect the student's educational functioning.

Development: ☐ Milestones were delayed ☐ No known concerns ☐ Parent would like to discuss ☐ Other: _____

Vision: ☐ No known concern ☐ Current concern: _____ ☐ Evaluation/screening completed ☐ Uses glasses

Hearing: ☐ No known concern ☐ Current concern: _____ ☐ Evaluation/screening completed

Health/Medical: ☐ No known concern ☐ Health condition may affect school ☐ Medication may affect school ☐ Sleep/fatigue concerns ☐ Other: _____

Motor/Sensory: ☐ No known concern ☐ Fine motor concern ☐ Gross motor concern ☐ Sensory concern ☐ Other: _____

Additional information the school should consider:

6) OUTSIDE EVALUATIONS OR SERVICES

Has the student received an evaluation, diagnosis, or services outside of school? ☐ No ☐ Yes ☐ Unknown/Pending

If yes, check all that apply:

☐ Developmental evaluation
☐ Speech-language evaluation
☐ ABA/behavioral services
☐ Psychological evaluation
☐ Occupational therapy
☐ Counseling/mental health
☐ Autism evaluation
☐ Physical therapy
☐ Medical evaluation
☐ Other: _____

Provider/Agency: _____ **Type of service/evaluation:** _____

Approximate frequency: _____ **Dates of service/evaluation:** _____

Are reports available for the school team to review?

☐ Yes — attached ☐ Yes — parent will provide ☐ Yes — please contact me regarding obtaining them
☐ No ☐ Unknown

Are there current treatment plans, FBAs, BIPs, progress reports, or other documents you would like the school team to consider?

☐ Yes ☐ No ☐ Unsure

7) BEHAVIOR / REGULATION INFORMATION

Complete this section if behavior or regulation is a concern.

What concerns are occurring?

☐ Refusal/avoidance
☐ Self-injury
☐ Verbal outbursts
☐ Crying/tantrums/meltdowns
☐ Elopement/running away
☐ Withdrawal/shutdown
☐ Aggression
☐ Property destruction
☐ Repetitive behaviors
☐ Other: _____

8) PARENT REQUEST / REFERRAL STATEMENT

Please check the statement that best describes your request today:

☐ I am sharing concerns and would like the school to help determine appropriate supports or next steps.
☐ I am requesting that the school consider whether my child should be referred for a special education evaluation.
☐ I am requesting an evaluation to determine whether my child may be eligible for special education and related services.
☐ I am not requesting an evaluation at this time but would like the school to document and consider my concerns.
☐ I am unsure whether an evaluation is appropriate and would like to discuss this with the school team.

Parent/Guardian Signature: _____ **Date:** _____

IMPORTANT INFORMATION FOR PARENTS

This form is used to gather information about your concerns and help the school team determine appropriate next steps. Completing or signing this form is **NOT consent** for a special education evaluation and does not mean that your child has been determined eligible for special education services.

If the school proposes an initial special education evaluation, the school will provide the required written notice and obtain informed parental consent using the appropriate Utah special education procedures and forms. Parental consent for an initial evaluation is separate from consent for the initial provision of special education and related services.

For questions about this form or the special education referral process, please contact Esperanza School's Special Education Department.

THANK YOU !

STOP — SCHOOL TEAM USE ONLY

The following section is for school personnel ONLY

A. SOURCE OF REFERRAL	B. INFORMATION REVIEWED	C. INITIAL AREA(S) OF CONCERN / SUSPECTED NEED
☐ Parent/Guardian	☐ Parent concerns/interview	☐ Academic achievement
☐ Teacher	☐ Teacher input	☐ Cognitive/dev functioning
☐ School Administrator	☐ Classroom observations	☐ Comm / speech-language
☐ School Psychologist	☐ Academic data	☐ Social-emotional functioning
☐ Special Education Staff	☐ Attendance data	☐ Behavior
☐ Related Service Provider	☐ Behavior data	☐ Autism-related characteristics
☐ Outside Provider	☐ MTSS/intervention data	☐ Health/medical/OHI
☐ Other: _____	☐ Universal screening data	☐ Adaptive functioning
	☐ Previous school records	☐ Motor/physical functioning
	☐ Outside evaluations/reports	☐ Sensory/OT-related
	☐ Medical/dev info	☐ Vision
	☐ ABA/FBA/BIP info	☐ Hearing
	☐ Other: _____	☐ Other: _____

Rationale/data supporting these areas of concern:

D. NEXT STEP

- ☐ Continue/implement gen ed interventions & monitor
- ☐ Problem-solving/MTSS team review
- ☐ Additional school-based data needed
- ☐ Section 504 consideration
- ☐ Refer for special education evaluation
- ☐ Parent requesting SPED eval — follow formal process
- ☐ Additional parent/provider info needed
- ☐ Other: _____

School team notes / rationale:

Team Member: _____ **Date:** _____

Parent contacted regarding next steps:

☐ Yes ☐ No