

REFERRAL FORM FOR _____

TEACHER: _____ CHILD'S NAME: _____
 GRADE: _____ DOB: _____ SCHOOL: _____ DATE OF ENTRANCE: _____
 LANGUAGE SPOKEN IN HOME : _____
 WHAT IS HIS/HER BEST SUBJECT? _____ WHAT IS HIS/HER WORST SUBJECT? _____

	YES	NO
CLASSROOM PERFORMANCE:		
1. Is easily distracted visually?	*	
2. Is easily distracted by noise?	*	
3. Over-reacts to most situations?	*	
4. Daydreams and has trouble attending?	*	
5. Is quiet and sluggish?	*	
6. Cannot follow directions.	*	
7. Does not do well in math concepts and operations.	*	
8. Is not able to verbalize knowledge.	*	
9. Cannot express self on paper.	*	
10. Handwriting is not legible.	*	
11. Cannot organize a paper.	*	
12. Is often absent.	*	
13. Poor organizational skills.	*	
14. Assignments not in on time.	*	
15. Does not request help when needed.	*	
SOCIAL BEHAVIOR	YES	NO
1. Has friends: Many		
Few	*	
2. Friends are: Younger/Older	*	
Peers		
3. Socializes with: Many		
Few	*	
4. Is immature.	*	
5. Appears to be trying, but success is limited.	*	
6. Displays poor judgment in a group.	*	
7. Clowning behavior.	*	
8. Hostile/Aggressive behavior.	*	
9. Withdrawn (shy) behavior.	*	
TEST BEHAVIOR	YES	NO
1. Seems to know material but cannot apply it when reviewed.	*	
2. Has difficulty retaining material.	*	
3. Knows it today but doesn't tomorrow.	*	
OBSERVATIONS	YES	NO
1. Hearing loss.		
2. Wears glasses.		
3. Rubs eyes.	*	
4. Difficulty saying certain words.	*	
5. Frequently wants questions repeated.	*	
6. Short attention span.	*	
7. Works with face close to book or paper.	*	
8. Often forgets books, assignments, personal items, etc.	*	
9. Difficulty with organization.	*	
PARENT CONTACTS	YES	NO
1. Have you met with the parents?		
2. Are the parents positive?		
3. Are the parents aware of difficulties in the classroom?		
4. In your opinion, is there a supportive home environment?		

* Yes answers indicate characteristics, which are often seen in students with learning differences.