MENOMINEE COUNTY ISD
Intermediate School District

INITIAL REFERRAL FORM

☐Carney-Nadeau ☐Stephenson ☐Menominee ☐North Central ☐Headstart

Date of Referral:	Student's Name:			
Date of Birth:	Sex:	Grade:	Race:	UIC#:
Mother/Guardian:		Father/Guardian:		
Mother Address:		Father Address:		
City, State, Zip:		City, State, Zip:		
Mother Phone:		Father Phone:		
Mother Email:		Father Email:		
Student's Primary Residence: ☐ Mother's Address ☐ Father's Address ☐ Shared Equally/Live Together				

PARENT PERMISSION FOR INITIAL EVALUATION

Your child has been referred for a special education evaluation to determine if they are eligible to receive special education programs and services. Areas of concerns:

☐ Math ☐ Reading ☐ Writing ☐ Social/Emotional ☐ Speech/Language ☐ Cognitive Functioning ☐ Other _____________

PROPOSED EVALUATION/SERVICE: If you consent to have your child evaluated, the following persons **may be involved.** (An explanation of these services is found on the reverse side of this form.)

☐ Psychologist ☐ Teacher/Consultant ☐ Occupational Therapist ☐ School Social Worker ☐ Speech/Language Pathologist ☐ Other_______________________

PARENT/GUARDIAN CONSENT:

In consenting to the evaluation of ____

Student's Name *Native Language if other than English*

I understand the results of this evaluation will be presented at an individualized educational planning team meeting. These results will be used to determine whether my child is eligible for special education programs or services. I understand the contents of this notice and have received a copy of the procedural safeguards detailing student's and parent's rights.

PARENT/GUARDIAN INPUT:

Please provide any additional information you think would be helpful to the diagnostic team (continue on back if needed).

My signature below indicates my consent to this evaluation*

____

Parent, Legal Guardian, or Self *Date*

____

Administrator Receiving Consent *Date Received*

*If this form is not returned within 7 days, the school district has a right to request a hearing to determine if an evaluation may be given without your consent

Person Making Referral ______________________________ Person Completing Form ______________________________

Send Completed Form to:

Date received by MCISD _____________________________

Menominee County ISD
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Menominee, MI 49858
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Phone: 906-863-5665

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