

St. Lucie Public Schools
Psycho educational Referral

Student Name	Other ID	DOB	Grade
School	Teacher		
<i>Please indicate primary concern</i>	<input type="checkbox"/> Academic Referral (A)	<input type="checkbox"/> Emotional/Behavioral Referral (B)	
<input type="checkbox"/> Academic & Behavioral (C)	<input type="checkbox"/> Gifted Referral (G)	<input type="checkbox"/> Speech Only	
<input type="checkbox"/> Physically Impaired, Vision Impaired, Hearing Impaired, Other (O)			

To ensure accuracy and completion of referral packet check all relevant areas below and attach all required forms. Packet should be submitted to the primary evaluator within **5 school days** from the date of consent.

<p>Required Forms:</p> <p>___ PST 1 Form</p> <p>___ PST 2 Form</p> <p>___ Skyward Response to Intervention Plan</p> <p>___ Screening Report</p> <p>___ Notice/Consent for Evaluation/Reevaluation</p> <p>___ Conference Notes</p> <p>___ Parent Notification Letter</p> <p>___ Communication Skills Checklist</p> <p>___ IO1</p>	<p>Other forms, as required:</p> <p>___ FBA/BIP</p> <p>___ Audiological Evaluation</p> <p>___ Medical Eye Report</p> <p>___ Physician's Referral Form</p> <p>___ Gifted Referral</p> <p>___ Parent Checklist for Gifted</p> <p>___ Teacher Checklist for Gifted</p>
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Notes:

Packet Completed by: _____ Date: _____

Principal's Signature: _____ Date: _____

Primary Evaluator's Signature: _____ Date: _____

Secondary Evaluator's Signature: _____ Date: _____

Date Parent Consent Received by School District: _____

***This section is for evaluator use only**

EVALUATOR'S NAME _____

_____ Complete Incomplete

DATE OF CONSENT **DATE REFERRAL PACKET RECEIVED**

REFERRAL TYPE: I-Initial R-Reevaluation N-New Program T- Transfer student/student transfers with consent

REFERRAL REASON: A-Academic B-Behavioral/Emotional C-Academic/Behavioral G-Gifted Sp-Speech Only

504-Section 504 O-Physically Impaired, Vision Impaired, Hearing Impaired, Other

- EVALUATION TYPE:**
- | | |
|---|--|
| <p>AD-Adaptive</p> <p>ADOS – Autism Diagnostic Observation Schedule</p> <p>AP-Academic/Pre-Academic</p> <p>APSC – Abbreviated Academic</p> <p>BR-Behavioral Rating Scales</p> <p>DATA- Intervention Data (SLD & LI only)</p> <p>EM-Emotional</p> <p>FB-Functional Behavior Assess _____</p> | <p>IQ- Intellectual</p> <p>IQSC- Abbreviated Intellectual</p> <p>LG- Language _____</p> <p>OBS- Behavioral Observation</p> <p>MD- Medical report</p> <p>PR – Process</p> <p>SP-Speech _____</p> |
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