

Bolton School District Referral to Determine Eligibility for Special Education and Related Services

Date Received:

School:

Student Name:

SASID:

Date of Birth:

Parent/Guardian Name:

Mailing Address:

Primary Phone:

Secondary Phone:

Email Address:

Language:

Parent/Guardian Name:

Mailing Address:

Primary Phone:

Secondary Phone:

Email Address:

Language:

REFERRAL DETAILS

Referred By: _____

- 1. Areas of Concern: The following major area(s) of concern have been identified for the student:**
 - a. Specific concerns**

 - b. Alternative strategies attempted and outcome**

2. Special Services History

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

3. Other Relevant Information: