



# Caesar Rodney School District Countywide Programs Consultation Request

## **I. Sending District Information**

<b>LEA:</b>		<b>Attending Building:</b>	
<b>Contact Person/Title:</b>			
<b>Contact Person Telephone Number/E-Mail Address:</b>			

## **II. Student Information**

<b>Student Name:</b>		<b>DOB:</b>		<b>Current Grade:</b>	
	<b>Yes</b>	<b>No</b>	<b>Notes</b>		
Does the student live with both natural parents?					
Are there any court ordered custodial arrangements?					
Does the student have an educational surrogate?					
Is the student currently receiving special education services?					
If the student is currently receiving special education services, please identify the current classification.					



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### III. Consultation Background Information

Reason For Consultation:			
Desired Outcome From Consultation:			
<b>Yes      No      Notes</b>			
Does the student have any relevant medical issues?			
Has the student had a recent (last 5 years) hearing evaluation?			
Has the student had a recent (last 5 years) vision evaluation?			

*Identify representatives of all agencies/service providers involved with the student.*

<u>Agency</u>	<u>Contact Person</u>	<u>Contact Information</u>	<u>Date of Last Service</u>



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<i>Please identify the following behaviors that are exhibited by the student.</i>			
<input type="checkbox"/> Inattentive	<input type="checkbox"/> Easily frustrated	<input type="checkbox"/> Impulsive	<input type="checkbox"/> Anxious
<input type="checkbox"/> Physically aggressive	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Verbally aggressive	<input type="checkbox"/> Non-compliant
<input type="checkbox"/> Poor social skills	<input type="checkbox"/> Limited communication skills (please explain):		
<input type="checkbox"/> Other:			

## IV. Signatures

Signature of Person Completing Referral Paperwork:		Date:	
Signature of Parent/Guardian:		Date:	

<i>Consult requests will be considered pending the attachment of all items listed below.</i>	
<input type="checkbox"/> Permission for Disclosure (Signed by Parents/Guardians) <input type="checkbox"/> Current Comprehensive Evaluation Report/Psychological Evaluation (Must include a cognitive assessment for regular education students) <input type="checkbox"/> Current Speech & Language Evaluation (if applicable) <input type="checkbox"/> Behavior/Safety Plan including any Functional Behavior Assessment (if applicable) <input type="checkbox"/> Discipline Records (if applicable) <input type="checkbox"/> Any other relevant documentation (including hearing/vision screenings, neurological reports, psychological evaluations, developmental reports as applicable)	