The INSPiRE Neuropsychology Clinic

Community High School District 218

Referral

Student Name	Click here to enter text.	Sex	Choose an item.
Date of Birth	Click here to enter text.	Grade	Choose an item.
Resident District	Click here to enter text.	Attending School	Click here to enter text.
District Referring Agent/Case Manager Contact Person	Click here to enter text.	District Referring Agent/Case Manager & Email	Click here to enter text.
		Date	Click here to enter a date.

Check all that apply regarding student's educational placement:

☐ General Education ☐ 504 ☐ Special Education: eligibility: ___________________________

Reason for Referral:

Please indicate the areas in which the student is experiencing difficulties (check all that apply):

- ☐ Academic
- ☐ Functional/Adaptive
- ☐ Attendance
- ☐ Health/Chronic Illness
- ☐ Motor Functioning
- ☐ Psychological Trauma
- ☐ Substance Abuse
- ☐ Grief
- ☐ Suicidal Ideation or Attempt
- ☐ Other / Additional Information:
  Click here to enter text.
- ☐ Social/Emotional/Behavioral
- ☐ Communication
- ☐ Cognitive Functioning
- ☐ Disciplinary
- ☐ Brain Injury/Concussion
- ☐ Sleep
- ☐ Medication Regulation
- ☐ Self-harm (e.g., cutting)
- ☐ Physical Aggression

Disposition: Date: Click here to enter text.

Click here to enter text.

Approvals:

Special Education Administrator or Designee: ___________________________________ _______________
Name Date

Cooperative Special Education Director: ___________________________________ _______________
Name Date