



**2020-2021 School Year**

**STUDENT SERVICES OR RELATED SERVICE REFERRALS**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(First, Middle, Last)

District of Residence \_\_\_\_\_ Grade \_\_\_\_\_

Student Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County of Residence \_\_\_\_\_

City of Birth \_\_\_\_\_ Native Language \_\_\_\_\_

Primary Parent/Guardian \_\_\_\_\_ Parent/Guardian Phone \_\_\_\_\_  
(Daytime only)

Name of Referral Source \_\_\_\_\_

Phone \_\_\_\_\_ Date of Referral \_\_\_\_\_ email \_\_\_\_\_

Teacher Contact \_\_\_\_\_ Building \_\_\_\_\_

**School Personnel:** please note, the next *five* sections are *required* elements for *all* referrals to any ESC program.

**A. Local Ethnicity:**

- A – Asian
- B – Black, Non-Hispanic
- H – Hispanic
- I – American Indian / Alaskan
- M – Multiracial\*
- W – White, Non-Hispanic

**B. Racial Groups:** (Check all that apply)

- A – Asian
- B – Black / African American
- I – American Indian / Alaska Native
- P – Native Hawaiian / Other Pacific Islander
- W – White

*\*If Multiracial is selected, please be sure to select all racial groups that apply in box B.*

**C. Hispanic / Latino:**

- Yes, this student is Hispanic/Latino.
- No, this student is not Hispanic/Latino

**D. Gender:**

- Male                      Age: \_\_\_\_\_
- Female

**E. Student Homeless Status:** *(Check One)*

- \* - Not Applicable
- A - Sheltered
- B - Unsheltered
- C - Doubled Up
- I - Hotel/Motel

**F. Living with Student:**

- Both Natural Parents
- Mother Only
- Father Only
- Mother + Other Adult
- Father + Other Adult
- Legal Guardian(s)\* Yes\_\_\_ No\_\_\_
- Foster Parent(s)\*

**G. Student Homeless Unaccompanied Youth:**

*A homeless student not in the custody of a parent or guardian. (Check One)*

- \* - Not Applicable *(Used only if \* was reported in box F)*
- N - No
- Y - Yes

**H. Please include these documents with referral:**

- Current ETR
- Current IEP (including any amendments)
- HS Transcripts (if applicable)
- Parental Consent for Evaluation
- Prior Written Notice
- Birth Certificate

***Needed for Preschool Placement***

- Immunization records
- Preschool Poverty Letter

***\*\*Referrals will not be processed without these documents\*\****

**I. Additional Components of Packet** *(If applicable)*

- Achievement and OGT scores
- Discipline Information  
(Manifestations, Suspensions, etc.)
- Assessment Scores:  
(Achievement, End of Course exams, etc.)
- FBA/Behavior Plan
- Most recent progress reports/report cards
- Attendance
- Additional Safety Plans (Medical and/or Behavior)
- Other

**J. Preschool Special Education Services Requested:**

- Center Based
- Itinerant
- DD IEP Only
- Speech-Language Pathology (SLP) Evaluation Only
- Occupational Therapy (OT) Evaluation Only

**K. Instructional Services Requested**

- |   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> Deaf/HH *HI;       | <input type="checkbox"/> ED     |
| <input type="checkbox"/> Low Incidence (MD) | <input type="checkbox"/> STRIVE |
| <input type="checkbox"/> STACK              |                                 |

**L. Related Services Requested**

- |   |  |
|---|--|
| <input type="checkbox"/> APE                            | <input type="checkbox"/> Physical Therapy (PT)                   |
| <input type="checkbox"/> Behavior Evaluation            | <input type="checkbox"/> Speech-Language Pathology (SLP)         |
| <input type="checkbox"/> Behavior Intervention Services | <input type="checkbox"/> Transition Services                     |
| <input type="checkbox"/> Mental Health                  | <input type="checkbox"/> VI Services                             |
| <input type="checkbox"/> Orientation and Mobility (O&M) | <input type="checkbox"/> VI Evaluation (Physician Documentation) |
| <input type="checkbox"/> Occupational Therapy (OT)      | <input type="checkbox"/> Psychologist                            |
|   | <input type="checkbox"/> Other                                   |

**M. Economically Disadvantagement (ED) Status:**

- \*=Not Applicable
- 1=Economic Disadvantagement

**N. Limited English Proficiency (LEP) Status:**

- N=No - the student is not Limited English Proficient
- Y=Yes - Limited English Proficient student who has been enrolled in US schools for more than 360 school days (or the equivalent of two school years)
- L=LEP – Enrolled in US Schools for First Time
- S=LEP – Enrolled in US Schools for Second Year (A recently arrived LEP student who has been enrolled in US schools for more than 180 school days and less than 360 days (or the equivalent of two school years).

**Signature of Referring Agent:** \_\_\_\_\_

**Telephone Numbers:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Submit referral to Joyce Ellis**

Email: [referrals@escoco.org](mailto:referrals@escoco.org) | Fax: (614) 542.4194

Educational Service Center of Central Ohio  
2080 Citygate Drive | Columbus, OH 43219