

Preparation of (3) Copies  
Two Copies to Special Education  
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For Office Use Only

Case # \_\_\_\_\_

Diagnostician # \_\_\_\_\_

CORPUS CHRISTI PUBLIC SCHOOLS  
Corpus Christi, Texas

STUDENT REFERRAL FOR SPECIAL SERVICES

Name of Pupil Carlos De Luna Age 11-8 Birthdate 3-15-69 Race 5 Sex M  
 School Sanders Elem. Grade 6 Teacher or Counselor Ryan / Duncan  
 Father (divorced) Address UNKNOWN Occupation \_\_\_\_\_  
 Mother Maria De Luna Address 3819 Blanco Occupation maid  
 Pupil Lives with Mother Relationship \_\_\_\_\_ Telephone: Home 554-8118 Bus. \_\_\_\_\_  
 Address \_\_\_\_\_ Occupation \_\_\_\_\_  
 Number of Adults in Home 1 Number of Brothers 1 Number of Sisters 1

IT IS SUGGESTED THAT THE STUDENT BE REFERRED FOR: (check one)

Psychological/Educational Evaluation     Homebound     Pregnant

Note: This pupil will be referred to sources inside or outside the school depending upon information provided on this referral form.

1. BRIEFLY DESCRIBE THE REASONS FOR REFERRAL

List any specific questions you want answered. Include significant information regarding the pupil, his home life, and his behavior. Attach sheet if necessary.

Carlos is a discipline problem in class. If the teacher turns his back for a minute, Carlos has gotten up and moved. He interferences with his classmates' learning. He can read but can't comprehend. He is lost on abstract concepts such as fractions. He does pretty well one-to-one but can't function in even a small group. His attention span is extremely short.  
 SIT 95, SDCT 67%, SORT rdg. level 6.0, PERC 5 misses

2. HEALTH INFORMATION (Vision-hearing tests to have been administered within current school year)

Vision R 20/20 L 20/20 Date Tested 9-21-11 By school nurse  
 Hearing: R Normal Date Tested 9-21-11 By " "  
 Audiogram made: Yes  No

PREVIOUS ILLNESS AND ACCIDENTS (Seizures, heart condition, physical deviations, etc.)

Age	Nature of Illness/Accident	Comments

Name of Doctor or Agency \_\_\_\_\_

Case No. \_\_\_\_\_