Oak Park Elementary School District 97

260 Madison ▪ Oak Park ▪ Illinois ▪ 60302 ▪ ph: 708.524.3030 ▪ fax: 708.524.3014 ▪ www.op97.org

Private School Student Referral for Evaluation (to be completed by parent and teacher)

Student's Last Name _____ First Name _____ Middle Name _____ Date of Birth _____

Student's Attending School _____ Grade _____ Teacher's Name _____ Phone _____ Email Address _____

Custodial Parent(s) Guardian(s) Name(s) _____ Home Phone _____ Cell/Work Phone _____

Address _____ Parent Email _____

City _____ State _____ Zip _____ Work Phone _____

Reason for referral/educational concerns:

Interventions and Strategies Attempted: (additional academic instruction, progress monitoring data, modification, behavior interventions, tutoring, private evaluations, outside services – length of time)

Core Curriculum used in Reading and Math:

What data do you have to show how the student is progressing compared to their peers?
(ex: Terra Nova, Report Card, Work Samples, Progress Monitoring Data, Teaching Strategies Gold, ASQ)

Student strengths:

Any medical diagnosis or other concerns: (motor development, social-emotional needs, or attention)

Was student retained? _____Yes _____No

Schools Attended:

Specific Input from <u>All</u> Teachers:

Initial Referral by ☐ Teacher ☐ Parent ☐ Other

_____

Parent Signature Date

_____

Teacher Signature Date

Office Use Only

_____

Team Facilitator School

_____

Date Referral Sent to Team Facilitator