



Mountainside School District - Office of Special Services

302 Central Avenue, Mountainside, NJ 07092

Phone: 908-232-8828

Fax: 908-232-1557

Request for A Child Study Team Evaluation

CONFIDENTIAL

What is a Referral? A referral is “the written request for an initial evaluation to determine whether a student is eligible for (NJAC 6A:14-1.3) special education and related services.”

Who can make a Referral? A parent/guardian, school administrator, school staff member, or a school committee, such as the Response to Intervention team, may refer a child to the Child Study Team.

What happens once a referral is made? You will be contacted to schedule a meeting with the Child Study Team within 20 days of receipt of this referral.

Student Information			
Parent/Guardian Name: _____			
Student's Name: _____		Student's Date of Birth: _____	
Address: _____			
Street			
City		State	Zip Code
Email Address: _____			
School: Deerfield School: _____		Beechwood: _____	

I am the parent/guardian of _____ (Name of Child). I am writing to refer _____ (Child's name) for evaluation for Special Education. I understand that special education is voluntary, and my consent will be required in writing to perform evaluations to determine whether my child is eligible for services, and again to begin providing any recommended services.

Student's Grade Level: _____

Student's Current Teacher (s): _____

Reasons For Referral:

(Please Check All that Apply)

- ☐ Academic Concerns
- ☐ Behavioral Concerns
- ☐ Social/emotional concerns
- ☐ Speech/language concerns
- ☐ Other (Please specify)_____

Description of Concerns:

(Please provide a brief description of your concerns.)

Previous Interventions/Supports:

(Please list any previous support, interventions, or assessments the student has received.)

Please attach copies of any evaluations previously conducted by a doctor or agency.

Signature: _____ **Date:** _____