

Midwest Evaluation Services

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REFERRAL FOR PSYCHOEDUCATIONAL EVALUATION

Please complete the entire form and attach all requested information

Student's Name: _____ Birthdate: _____

School: _____ Grade: _____

Teacher's Name: _____

Has this student been retained in any previous years? No Yes

If yes, what grade(s)? _____

Parent or Guardian's name and address: _____

Parent or Guardian's telephone or place of contact: _____

The following forms must be current and copies of other required testing results available on the day of scheduled testing in a manila folder or envelope:

- Referral Form/ Consent
- Previous Psychological Reports
- Speech/Language Testing
- Social/Emotional Status or Information
- Parent Permission for Evaluation Form
- Academic Testing
- Hearing & Vision

If the current academic testing instrument is the same as was used in previous testing, please copy the page of the protocol that records the raw scores as well as the scaled or standard scores. This will enable direct comparison for growth, regression or plateau of academic progress.

Services student is now receiving: (Please check all that apply)

SLD _____ Emotional Disturbance _____ OHI _____ Speech _____ Counseling _____
New Referral _____ Other _____

Date of most recent psychological evaluation _____

Does student exhibit any behavior/discipline problems? No Yes

If yes, please briefly describe: _____

Referred By: _____ Date: _____

Signature of School Official: _____ Date: _____