

South Portland, Maine  
Special Education  
**Pupil Evaluation Team Referral Form**

Student: \_\_\_\_\_ School/Grade: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Referral Person/Source: \_\_\_\_\_

Date Received/By Whom: \_\_\_\_\_

***\*\* Please complete all sections of this document***

I. Please state specific reasons for referral.

Academic:

Social/Emotional:

II. Please state alternative actions and strategies that were considered or attempted to address these concerns.

***\*\* Please state why they have been rejected.***

III. Please list all procedures, evaluations, records or reports that have been used as a basis for this referral.

IV. Please describe any other relevant factors involving the referral.

V. Please state the disability that is of concern.

VI. Please state how the suspected disability is demonstrated within the school or classroom setting.

VII. Please state the information that would be desired from an evaluation in order to plan an appropriate program for the student.

VIII. Please state the manner in which PET members (administrator, teacher, parent, special educator) have had input to determine evaluation needs. *Indicate both name & position.*