

ADHD Special Education Screening Referral

Student Information

Student Name

Date of Birth

Grade

School

Referring Individual

Name

Relationship to Student

Contact (Phone/Email)

Date of Referral

Reason for Referral

Please describe the concerns leading to this referral

Observed Behaviors

List observed behaviors and concerns related to attention, impulsivity, hyperactivity

Academic Impact

How have these behaviors impacted academic performance?

Interventions Attempted

List any interventions and supports already implemented

Additional Information

Include relevant background, medical information, or other comments