

Intellectual Disability Referral Packet

Student Information

Name

Date of Birth

Grade

Student ID

School

Parent/Guardian Information

Parent/Guardian Name

Phone

Email

Address

Reason for Referral

Describe the concerns leading to this referral

Educational History

Summarize previous evaluations, interventions, and outcomes

Medical History

Relevant medical information

Current Services/Supports

List current services or supports being provided

Additional Comments