

# Specific Learning Disability Referral Checklist

## Student Information

Name		Date of Birth	
School		Grade	
Teacher		Date of Referral	

## Areas of Concern

	Area	Description/Examples
	Reading (e.g., decoding, comprehension)	
	Written Expression (e.g., spelling, grammar, organizing thoughts)	
	Mathematics (e.g., calculation, problem-solving)	
	Listening Comprehension	
	Oral Expression	

## Pre-Referral Interventions Attempted

Intervention	Dates	Outcome

## Additional Information/Comments

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## Referral Made By

_____	Signature	_____	Date
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