

LA JOYA INDEPENDENT SCHOOL DISTRICT

SPECIAL EDUCATION DEPARTMENT
REFERRAL FOR SPECIAL EDUCATION SERVICE
Information from Medical Records

Name: _____ DOB: _____ Grade: _____

VISION

Date of most recent screening: _____ Type of Screening: _____

Results: _____

Yes No As a result of the screening, is there any indication of a need for further assessment?

Yes No Has a follow-up treatment been recommended? If yes, explain:

HEARING

Date of most recent screening: _____ Type of Screening: _____

Results: _____

Yes No As a result of the screening, is there any indication of a need for further assessment?

Yes No Has any follow-up treatment been recommended? If yes, explain:

HEALTH

Yes No Does the student have a documented medical diagnosis on file in school health records? If yes, explain:

Yes No Is the student being administered any medication at school? If yes, please specify:

Yes No Does the student require adaptive equipment or facility adaption? If yes, please explain?

Yes No Is there a need for further medical evaluation due to health concerns? If yes, explain:

Signature of Person Completing

Position

Date
Revised 07/2009