MULTIPURPOSE REFERRAL

Student		ID Number	Date referral received
School	Teacher	Grade	DOB
Parent(s)		Telephone (Mother) Home	Work Cell
Address		Telephone (Father) Home	Work Cell

Check **ONLY ONE** of the two boxes below.

☐ Referral to **Local Screening Committee**

OR

☐ Referral to **Other** (specify): _____ Please specify, such as Child Study, TAT, Student Support Team, DLA, OT, PT, etc.

A referral to the local screening committee (LSC) can be made either orally or in writing. Timelines begin when the referral is received by FCPS. If an oral referral precedes a written referral, timelines begin with the date of the oral referral. The LSC must meet and make a determination within 10 business days of the date that the referral is received.

Statement of Concern: (Describe as specifically as possible the nature of your concern(s). If the referral is made to the **LSC** to consider an evaluation for special education, page two of the MultiPurpose Referral must be attached.)

_____ Signature

_____ Relationship to Student

If referral is to **"Other"** please document response to the referral below. The **LSC** must document its response to the referral on the **Local Screening Committee Report** form, not in the area below. If the student is referred to the **LSC** *after* a referral to **"Other"** a new MultiPurpose Referral form must be completed and forwarded to the local screening committee.

If Referral to "Other", Describe Response to Referral:	**Dates(s):**

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or eligible student.