



MULTI-PURPOSE REFERRAL

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Student	ID Number:	Date
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If the referral is being made to the **local screening committee**, either **this page**, completed by the student's teacher or other appropriate school staff, or a **Student Support Team packet** must be attached to the Multi-Purpose Referral form.

Describe all classroom and school interventions. Include frequency, duration and other pertinent information.

<u>Intervention</u>	<u>Frequency</u>	<u>Duration</u>

Effect of interventions on student performance:

List any private interventions: (e.g., tutoring, private therapy, medication, etc.)

_____	_____
Name	Relationship to Student

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 of the eligible student at age 18.