



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

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): _____ _____ _____ _____ _____ _____ _____
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