

NISKAYUNA CENTRAL SCHOOL DISTRICT

Office for Student Support Services
1239 Van Antwerp Road, Second Floor
Niskayuna, NY 12309
Phone - (518) 382-2525 FAX – (518) 382-2526

REFERRAL TO THE COMMITTEE ON SPECIAL EDUCATION

| | | | |
|-----------------------------|---------------|---------------------|--------|
| Student Name | D.O.B. | Student ID No. | School |
| Address | Teacher/Grade | Guidance Counselor | |
| Parent (Custodial/Guardian) | Address | Telephone (H and W) | |
| Parent Name (Other) | Address | Telephone (H and W) | |

Reason for Referral: Please be specific about academic and/or behavioral concerns or problems evidenced by the student. Also, relevant test results and records/reports upon which referral is based:

Previous Intervention: Please list attempts/modifications made in the regular education program to remediate the student's performance in the past, including any supplementary aids and support services utilized (**AIS Services must be listed**):
Include any available medical documentation.

Individuals to Invite to CSE Meeting: (*-must be filled in)

Classroom Teacher*: _____ Special Education Teacher*: _____

Therapists: _____

Others: _____

| | |
|------|---|
| Date | Signature of Person Making Referral (Parent/Psychologist/Therapist, etc.) |
| Date | Signature of Building Principal |
| Date | Signature of CSE Chairperson |

Please submit completed and signed form to:

Carolyn Wall, Chairperson, CSE at the above address

INCOMPLETE FORMS WILL BE RETURNED!!!

Revised – 09/03