

## 2014-2015 REFERRAL LOG FOR **HIGGINS** SCHOOL DISTRICT

**EPSSA STAFF SIGNATURE:** \_\_\_\_\_

NAME OF STUDENT	SCHOOL	DATE OF BIRTH	AGE	ECI (✓)	GRADE	QUALIFY (✓)	D.N.Q. (✓)	DATE CONSENT SIGNED	DATE TESTED	DATE PLACED	ARD DATE	Within 90 days?*	ARD GUIDE DATE

**\* If ARD not held within 90 days of referral select reasons:**

- Extended illness of student
- Initial testing results indicated need for additional testing that was not identified through evaluation planning
- Student moved or withdrawn after referral, but before eligibility determination
- Difficulty scheduling ARD
- Child unavailable for scheduled assessments
- Other (Briefly Describe): \_\_\_\_\_