2014-2015 REFERRAL LOG FOR McLEAN 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- ☐ Student moved or withdrawn after referral, but before eligibility determination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):_____