SESA REFERRAL

Last updated12/02/22

For questions about SESA referrals,

Call 907-334-1300

CHILD INFORMATION	
Current Age:	
Child's Name (First & Last):	
Child's Grade:	
Date of Birth:	
Sex:	
State Classification of Student:	☐ Autism ☐ Cognitively Impaired ☐ Deaf ☐ Deaf-Blind ☐ Early Childhood Developmental Delay ☐ Emotional Disturbance ☐ Hard of Hearing ☐ Multiple Disabilities ☐ Orthopedic Impairment ☐ Other Health Impaired ☐ Traumatic Brain Injury ☐ Vision Impairment ☐ Specific Learning Disability ☐ Speech and Language Impairement
Referral Category:	☐ Autism ☐ Deaf & Hard of Hearing ☐ Deaf-Blind ☐ Emotional Disturbance ☐ Multiple Disabilities [Includes Cognitively Impaired, Early Childhood Developmental Delay, Other Health Impairment, Orthopedics, Traumatic Brain Injury] ☐ Vision Impairment

REFERRER INFORMATION	
School district in which the child lives:	
District Special Education Director:	
Your Name:	
Your Role/Title:	
Your Phone Number:	
Your Email:	

SCHOOL INFORMATION	
School Name:	
School Location:	
Teacher:	
Teacher Title:	
Teacher Phone:	
Teacher Email:	

PARENT/GUARDIAN INFORMATION	
Primary Parent/Guardian Name:	
Relationship to Child:	
Address:	
Email:	
Phone:	
Phone Type:	☐ Home ☐ Cell ☐ Work

SECONDARY PARENT/GUARDIAN INFORMATION (OPTIONAL)	
Secondary Parent/Guardian Name:	
Relationship to Student:	
Address (if different from primary):	
Email:	
Phone:	
Phone Type:	☐ Home ☐ Cell ☐ Work

ADDITIONAL CONTACTS: *Additional contacts who are authorized for correspondence regarding the child*

Name	Title	Email
1.		
2.		
3.		

REQUIRED DOCUMENTS: *please attach/enclose with the referral*
Referrals submitted without ALL of these documents will face processing delays
1. SESA Mutual Exchange of Information – *signed by the guardian*
2. Medical report(s) that show the diagnosis of the child
3. Individual Education Plan (IEP) – *signed by the IEP team*
4. Evaluation Summary and Eligibility Report – *signed by the ESER team*
5. District Agreement Signature – *signed by the special education director*

PRIMARY CONCERN:

- ☐ Adaptive-Functioning/Self-Help Skills
- ☐ ASL Development
- ☐ Behavioral Development
- ☐ Cognitive Development
- ☐ Communicative Intent
- ☐ Deaf-Blindness
- ☐ Physical Development (Fine & Gross Motor Skills)
- ☐ Speech or Language Development
- ☐ Social or Emotional Development

SECONDARY CONCERN (optional):

- ☐ Adaptive-Functioning/Self-Help Skills
- ☐ ASL Development
- ☐ Behavioral Development
- ☐ Cognitive Development
- ☐ Communicative Intent
- ☐ Deaf-Blindness
- ☐ Physical Development (Fine & Gross Motor Skills)
- ☐ Speech or Language Development
- ☐ Social or Emotional Development

OTHER NOTES:

DATE: _____

SIGNATURE: _____