



## SESA Referral

**Please complete all required fields: Incomplete referrals will not be processed. You will receive an email confirmation when the referral is complete.**

**If you have any problems completing this form, please call SESA at 9073341300, Monday Friday, 8:00am 4:30pm**

**This form is HIPAA/FERPA compliant. Information submitted through this form is encrypted. For more information about security and 123ContactForm, visit <http://www.123contactform.com/blog/2014/05/is-123contactformhipaacompliant/>**

**\*If needed, you may save your progress and complete this form at a later time. Click "save for later" at the bottom of this form.**

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### District Information

District Contact  
Email \*

District Contact \*  
This is who SESA will  
contact for any  
questions about this  
referral

FIRST NAME

LAST NAME

Phone \*

District Special Education Director/Coordinator \*    
FIRST NAME LAST NAME

School District \*

School Site \*

Teacher \*    
FIRST NAME LAST NAME

Additional emails authorized for correspondence regarding the student



## Student Information

Student Name \*     
FIRST NAME MIDDLE NAME LAST NAME

Student Grade \*  PreK  7th Grade  
 Kindergarten  8th Grade  
 1st Grade  9th Grade  
 2nd Grade  10th Grade  
 3rd Grade  11th Grade  
 4th Grade  12th Grade  
 5th Grade  12 +  
 6th Grade  Home School  
 other:

Student Date of Birth \*   
MMDDYYYY



# Parent/Guardian Information

Name of Primary Parent/Guardian \*

FIRST NAME

LAST NAME

Relationship to Student \*

- Parent, father
- Parent, mother
- Grandfather
- Grandmother
- OCS/Foster Parent/Guardian ad Lidem
- Adoptive Parent
- Other:

Primary Parent Email

Primary Phone

Secondary Phone

Address

Name of Secondary Parent/Guardian (optional)

FIRST NAME

LAST NAME

Relationship to Student

- Parent, father
- Parent, mother
- Grandfather
- Grandmother
- OCS/Foster Parent/Guardian ad Lidem
- Adoptive Parent
- Other:

Email

Phone

Address

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## Required Documentation

Referral Category \*

- Autism
- Deaf & Hard of Hearing
- DeafBlind
- Emotional Disturbance
- Multiple Disabilities: Includes Cognitively Impaired, Early Childhood Developmental Delay, Other Health Impairment, Orthopedics, Traumatic Brain Injury
- Vision Impairment  
Attach Copy

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Confirm the Media Release has been signed by the parents \*

Confirmed

Media Release Form - Signed by parent/guardian \*

Attach Copy

Confirm the MEI has been signed by the parents \*

Confirmed

MEI Signed by parent/guardian \*

Attach Copy

Confirm the IEP is not expired and has been signed \*

Confirmed

Signed and current IEP \*

Attach Copy

Confirm the ESER is not expired and has been signed \*

Confirmed

Signed and current ESER \*

Attach Copy

State Classification of Student \*

- Autism
- Cognitively Impaired
- Deaf
- DeafBlind
- Early Childhood Developmental Delay
- Emotional Disturbance
- Hard of Hearing
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impaired
- Traumatic Brain Injury
- Vision Impairment

Primary Concern \*

Additional Notes:

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**District Agreement:**

Recognizing that the responsibility to provide services to students with special needs lies with the school district, THE DISTRICT AGREES TO:

- Provide copies of current and signed IEP, ESER, and MEI (Mutual Exchange of Information), and supporting documentation.
- Provide diagnostic and other information pertinent to the student's educational program.
- Coordinate school staff to work with the SESA specialist during site visits.
- Consider recommendations and/or programs developed in conjunction with the SESA specialist.
- When possible, facilitate parent contact with the SESA specialist.
- Include the Student Service Reports (SSR)/Service Delivery Summaries (SDS) as part of the student's special education file.

SIGNATURE \*

\_\_\_\_\_

DATE \*

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