

**SPECIAL EDUCATION
INTERDISTRICT REFERRAL FORM**

Ventura County SELPA

Date: _____ Referring District/Agency _____

Referred to: _____

District Case Manager Name: _____

Last day IEP meeting can be scheduled: _____

Student Information

Name *(Last)* _____ *(First)* _____ Sex _____ Birthdate _____ Age _____

Address _____ (City) _____ (State) _____ (Zip) _____ Phone _____

Parent(s) or Guardian(s) Name _____ Address, *if different from above* _____

Educational Information

Last School Attended *(if any)* _____ School Phone _____

School Address _____ (City) _____ (State) _____ (Zip) _____

Current special education services. _____

Special Needs of Child (Including disability) _____

Additional Information _____

Family Information

Father's Work Phone _____ Mother's Work Phone _____ Home Language _____

Names and Ages of Other Children _____

Signature of Parent of Guardian _____ Date _____

Please forward completed form to the Special Education Administrator of the District/Agency to which the pupil is referred, along with consent for Release of Information.