



COLUMBIA REGIONAL PROGRAM

833 NE 74th Ave. Portland, OR 97213

503.916.5570 fax 503.916.5576

crporegon.org

Student Referral Form

Step 1: Tell us about the source of this referral

Date of Referral	Referring School District/Education Agency			
Person Submitting the Referral	Position	Phone	Ext	Email
Case Manager/Service Coordinator	Position	Phone	Ext	Email

Step 2: Tell us about the student being referred

Student First Name		Last Name		Initial	Gender	Date of Birth
Grade	SSID#	Child/Student ID	Current Special Education Eligibilities		Out of state move-in <input type="checkbox"/> Yes <input type="checkbox"/> No	
For ELL/Culturally and Linguistically Diverse Students (describe relevant background, language, needs)					Interpreter needed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Address		Apt/Unit #	City	State	Zip	
Parent/Caregiver #1		Relationship	Phone	Email		
Parent/Caregiver #2		Relationship	Phone	Email		
Resident School		Resident District		County	Kinder Year (EI/ECSE)	
Attending School		Attending District		ESD Placement? If so name:		

Step 3: Tell us which services are being requested, note required documents

AUTISM SPECTRUM DISORDER (ASD)
<input type="checkbox"/> Assistance with an evaluation and determining eligibility under Autism Spectrum Disorder (82) <input type="checkbox"/> Initiate support from an autism specialist; student has an existing ASD eligibility REQUIRED: copy of the current ASD eligibility statement with this referral
BLIND / VISUALLY IMPAIRED (VI)
<input type="checkbox"/> Assistance with an evaluation and determining eligibility under Vision Impairment (40) REQUIRED: copy of an Eye Report <u>from an ophthalmologist or optometrist</u> <input type="checkbox"/> Initiate services from a Teacher of the Visually Impaired; student has an existing VI eligibility REQUIRED: copy of the current VI eligibility statement with this referral REQUIRED: copy of the current IEP or IFSP IF AVAILABLE: copy of the Eye Report, Functional Vision Assessment, and Learning Media Assessment
DEAFBLIND (DB)
<input type="checkbox"/> Assistance with an evaluation and determining eligibility under Deafblindness (43) REQUIRED: copy of Audiogram and Eye Report <input type="checkbox"/> Initiate services for a student with an existing DB eligibility REQUIRED: copy of current DB eligibility statement with this referral

DEAF & HARD OF HEARING (HI)

- Assistance with an evaluation and determining eligibility under Hearing Impairment (20)
REQUIRED: copy of current audiogram with this referral
- Audiological evaluation (only available to children ages birth-to-three)
REQUIRED: documentation of two failed hearing screenings
- Initiate services from a Teacher of the Deaf/Hard of Hearing; student has an existing HI eligibility
REQUIRED: copy of the current HI eligibility statement with this referral
REQUIRED: copy of the current IEP or IFSP
IF AVAILABLE: copy of current audiogram and medical or health assessment statement

ORTHOPEDIC IMPAIRMENT (OI)

- Request Augmentative and Alternative Communication (AAC) consultation
REQUIRED: copy of the current Orthopedic Impairment (70) eligibility statement with this referral*
REQUIRED: complete the AT/AAC Learner Profile with this referral; link to [EI/ECSE](#) or [School-Aged](#) form
- Request Assistive Technology (AT) consultation
REQUIRED: copy of the current Orthopedic Impairment (70) eligibility statement with this referral
REQUIRED: complete the AT/AAC Learner Profile with this referral; link to [EI/ECSE](#) or [School-Aged](#) form
- Loan of student equipment (motor, AT, AAC)
REQUIRED: copy of the current Orthopedic Impairment (70) eligibility statement with this referral

TRAUMATIC BRAIN INJURY (TBI)

- Technical assistance with evaluation and determining eligibility under Traumatic Brain Injury (74)
- Initiate specialist support for a student with an existing TBI eligibility
REQUIRED: copy of the current TBI eligibility statement with this referral

Step 4: Obtain signed approval and submit this referral along with required documents

Have any meetings for this student been scheduled that we should know about? Any comments or special considerations?

PRINTED NAME of Special Education Director or Designee

X

SIGNATURE of Special Education Director or Designee

Date Signed

Submit via fax or email. **Fax:** 503.916.5576 **Email:** clewis2@pps.net

A CRP staff member will contact the person who submitted the referral. If you have questions regarding the status of a referral, call us at 503.916.5570. Additional information regarding the referral process is available on the [Student Referral](#) page.

Referrals that are incomplete, unsigned, or that do not include required paperwork will be held for up to sixty days while we attempt to reach the person who submitted the referral to obtain the missing information or paperwork.