Tuscarora Intermediate Unit 11
2527 US Hwy 522 South
McVeytown PA 17051-9717
(814) 542-2501 ● (717) 899-7143
FAX (814) 542-2569

Equitable Participation for Psychological/Educational Evaluation

Student Name: _____ Date: _____

Grade: _____ School Name: _____ District of Residence: _____

Person Completing Form: _____ Position: _____

Student Address: _____

Parent/Guardian: _____

Parent Address (if different): _____

Home Phone: _____ Work Phone: _____

Has home district been notified of referral? _____Yes _____No

Is this a/an? _____Reevaluation _____Initial Referral

Referral for a psycho-educational assessment is the last step in a process of intervention and information gathering. The purpose of this referral form is to provide the school psychologist with information that is needed before an evaluation can begin. The school psychologist wants to know:

Why the student is being referred for an evaluation:

What makes the student's difficulties unique from his or her peers:

What previous steps school personnel have taken to resolve the problem:

Please describe the student's behavior, and daily classroom functioning. Use extra pages if necessary.