

## MULTIPURPOSE REFERRAL

Student		ID Number	Date of Referral
School	Teacher		Grade DOB
Parent/Guardian		Home Phone	Work Phone
		Cell Phone	Email
Parent/Guardian		Home Phone	Work Phone
		Cell Phone	Email
Student Address	Number and Street	Apartment Number	City and State Zip Code

Check **ONLY ONE** of the two boxes below.

- Referral to **Local Screening Committee**      A referral to the local screening committee (LSC) can be made either orally or in writing. Timelines begin when the referral is received by FCPS. If an oral referral precedes a written referral, timelines begin with the date of the oral referral. The LSC must meet and make a determination within 10 business days of the date that the referral is received.

- Referral to **Other** (specify): \_\_\_\_\_ Please specify, such as Child Study, TAT, Student Support Team, DLA, MSRT, etc.

<b>Statement of Concern:</b>	(Describe as specifically as possible the nature of your concern(s). If the referral is made to the <b>LSC</b> to consider an evaluation for special education, page two of the MultiPurpose Referral must be attached.)
_____ Signature	_____ Relationship to Student

If referral is to **“Other”** please document response to the referral below. The **LSC** must document its response to the referral on the **Local Screening Committee Report** form, not in the area below. If the student is referred to the **LSC** after a referral to **“Other”** a new MultiPurpose Referral form must be completed and forwarded to the local screening committee.

<b>If Referral to “Other”, Describe Response to Referral:</b>	<b>Dates(s):</b>
	_____
	_____
	_____
	_____
	_____
	_____
	_____

*Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or of the eligible student.*