



Diagnostic & Educational Services Center (DESC)  
Northwest Suburban Special Education Organization  
799 West Kensington Road  
Mount Prospect IL 60056  
Phone 847-463-8112 | Fax 847-463-8289

### NSSEO REFERRAL for NEEDED ASSESSMENT(S)

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_  M /  F District \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Contact Person/Title \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Current Eligibility/Program (if any) \_\_\_\_\_ Current Medical Diagnosis (if any) \_\_\_\_\_

Check One:  English  Bilingual (specify) \_\_\_\_\_ Does the parent need an interpreter?  Yes  No

Check One:  Re-evaluation  Evaluation

Vision:  P /  F \_\_\_\_\_ (Date) Hearing:  P /  F \_\_\_\_\_ (Date) Referred to D/HH \_\_\_\_\_ (Date)

**Please Note:**

**Referrals cannot be processed until vision and hearing screening (and follow-up if necessary) are completed.**

### TYPE OF ASSESSMENT(S) REQUESTED

- VISION**
  - Screening  Orientation and Mobility  Medical Clinic  Functional Assessment
  - Rehabilitation  Other (specify) \_\_\_\_\_
  
- SOCIAL/EMOTIONAL STATUS**
  - Developmental History  Emotional/Behavior  Attention  Complex FBA
  
- GENERAL INTELLIGENCE**
  - Intellectual Functioning/Processing  Specialized (specify) \_\_\_\_\_
  
- ACADEMIC PERFORMANCE**
  - Current Levels  Processing/Learning Style
  
- COMMUNICATION STATUS**
  - Language  Articulation  Fluency/Voice  Assistive Tech  Other
  
- MOTOR ABILITIES**
  - Fine  Gross  Sensory  Adapted Physical Education (APE)

**ATTACH referral questions for assessment(s) requested. (See backside for additional info)**

\_\_\_\_\_  
Building Representative/Date

\_\_\_\_\_  
Administrative Representative/Date

## ***PLEASE INCLUDE THE FOLLOWING INFORMATION WITH REFERRAL***

### **FOR ALL EVALUATION REQUESTS:**

- Current vision and hearing screening results within the last 12 months. If the student fails either screening, follow-up (medical, D/HH, etc.) must occur before the referral can be processed.
- Signed “*Parent/Guardian Consent for Evaluation*” and “*Identification of Needed Assessments*” forms. Items listed on this informed written consent should match the evaluations requested on the “*NSSEO Referral for Evaluation or Consultation*” form.
- “*Referral Questions To Be Addressed*” in the domain areas of concern.
- Pertinent educational reports (team notes, work samples, intervention, efforts/outcomes).
- Current IEP, if the student has one and most recent case study reports, if not completed by DESC staff.
- Pertinent medical and/or hospitalization reports.
- Pertinent independent evaluations.

### **ADDITIONAL INFORMATION IS REQUIRED FOR THE FOLLOWING:**

#### **For All Bilingual Evaluations:**

- “*Background information for Bilingual Students*”, including results of ACCESS for ELLS/language proficiency testing

#### **For Bilingual Communication Evaluations:**

- S/L Team Input: Language-Bilingual Pragmatic Language (PreK - 12<sup>th</sup> Grade)*  
***One of the following forms, depending upon the student’s grade:***
- S/L Team Input: Language-Bilingual Oral Language-Listening & Speaking (EC)*
- S/L Team Input: Language-Bilingual Oral Language-Listening & Speaking (K-2)*
- S/L Team Input: Language-Bilingual Oral Language-Listening & Speaking (3-5)*
- S/L Team Input: Language-Bilingual Oral Language-Listening & Speaking (MS - HS)*

#### **For Fine Motor, Gross Motor and Sensory Evaluations for OT/PT:**

- “*Physician Referral*” for Evaluation
- “*Teacher Checklist for OT and/or PT Referral*”

#### **For Gross Motor Evaluations for Adapted Physical Education (APE):**

- “*Teacher Checklist for Adapted Physical Education Referral*”

#### **For Vision Evaluations:**

- “*Teacher Checklist for Possible Vision Problems*”
- Copy of previous reports from Optometrist or Ophthalmologist