

Bedford School District

Special Services
103 County Road
Bedford, NH 03110
(603) 472-3755

Bedford Early Education Program
Referral for Special Education

Student Name: _____
First Middle Last

Gender: M F

Date of Birth: _____

City of Birth: _____

Parents/Guardian: _____

Home Phone: _____

Address: _____

Other Phone: _____

E-Mail Address: _____

Student Ethnicity: _____

Area(s) of concern/suspected disability:

Are these concerns consistent across all environments (e.g. home and preschool)? Please explain.

Student Strengths:

Past Evaluations/Services:

Medically Relevant Information:

Other circumstances that may be impacting the child's performance (e.g. recent move, divorce, new sibling): _____

DISPOSITION OF REFERRAL (for internal use only):

Date Referral Received: _____ Received (initials): _____

Date of Referral Disposition Meeting: _____

The following special education action was recommended:

Continuation of the special education process is not appropriate at this time.

The following regular education action was recommended: