

GORHAM SCHOOL DEPARTMENT
Office of Special Education
381 Main Street, Gorham, Maine 04038

REFERRAL FORM

Date: _____ Referred By: _____ Position: _____
Student: _____ D.O.B.: _____ Grade: _____
School: _____ Homeroom Teacher: _____
Parent/s: _____
Address: _____ Telephone #: _____

1. State specific problem/s which the student is experiencing.
2. Procedures, tests, records, or reports that were used as a basis for this referral.
3. Briefly describe this student's work and behavior in your classroom.
4. Alternative actions that were considered to address concerns.
5. Reasons why alternative actions were rejected (why aren't they working?)

Date of Parent Contact:

Result of Contact:

PLEASE USE ADDITIONAL SHEET IF NEEDED

Person making referral: _____

Date: _____

Administrator: _____

Date: _____

Director of Special Services: _____

Date: _____