**Jackson Public School District**

**Office of Exceptional Education Services**

621 South State Street

Jackson, MS 39201

**Referral Form                        Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Please complete the appropriate section and check the request being made)

The Exceptional Education Team at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is requesting a Data Review Team meeting for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The Exceptional Education Team at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is requesting a Multidisciplinary Evaluation Team meeting for the Parent of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**.

This request is being made due to:

 { } Parent Request

                        { } 3 year Re-evaluation Eligibility Date: \_\_\_\_\_\_\_\_\_ Eligibility Ruling: \_\_\_\_\_\_

                        { } In-State Transfer

 { } Out-of-State Transfer

Please Complete the Following Information:

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*To Be Completed by the Child Find/Eligibility Division\*\*

Date of Receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of MET:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Decision:

     { } Refer for comprehensive evaluation

 { } DRT recommends comprehensive re-evaluation

  { } DRT does not recommend comprehensive assessment, continue eligibility