

# AMARILLO INDEPENDENT SCHOOL DISTRICT

Special Education Department

## REFERRAL for PSYCHOLOGICAL (LSSP)

ED \_\_\_\_\_ ADHD \_\_\_\_\_ DUE DATE: \_\_\_\_\_  
(60 day)

<b>Student Name</b>		<b>Campus</b>	
Address		<b>DOB</b>	<b>Age</b>
Home phone	Parent Name(s)	<b>Grade</b>	<b>Sex</b>
Teacher Name(s)		<b>Current Eligibility</b>	

<b>ATTACH DOCUMENTATION TO BE REVIEWED</b>	<b>DATES</b>
Student Support Team paperwork	
Full Individual Evaluation (FIE)	
Additional psychological or eligibility reports	
Current STOIC or Behavior Improvement Plan (BIP)	
Other:	
BASC-2 protocols (parent, 2 teachers)	
Most recent IQ and Achievement Results (within 3 years)	
Physician Appointment for ADHD	
<b>BEHAVIOR INTERVENTION SPECIALIST RECOMMENDATIONS:</b>	
<b>REASON FOR REFERRAL</b>	
<b>Give examples of observed behaviors:</b>	
<b>ADDITIONAL INFORMATION</b>	

REQUESTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF CONSENT: \_\_\_\_\_  
(please attach)