Weslaco Independent School District
Special Education Department
103 S. IOWA Weslaco, TX 78596
Phone (956)969-6822 Fax (956) 969-6965

Student/Estudiante: _____ D.O.B./Fecha de Nacimiento: _____

ID #: _____ Campus/ Escuela: _____

COUNSELOR'S EVALUATION REFERRAL FORM

Monitoring Teacher: _____

Impairment /Setting: _____

Reason(s) for Referral

- ☐ Self-Blame
- ☐ Anxiety
- ☐ Withdrawal
- ☐ Poor Attention
- ☐ Other _____
- ☐ Poor Impulse Control
- ☐ Poor Reality Contact
- ☐ Poor Sense of Identity
- ☐ Excessive Aggression

Diagnostician/Special Education Counselor Signature: _____

Date: _____

To be completed by the Special Education Counselor:

_____ Date Referral Form was received

_____ Date of ARD

_____ Counselor's Report is Due

Special Education Counselor's Signature: _____Date: _____

NOTE: Special Education Counselor will file this completed form in office records. Do not include thisin student's eligibility folder. No other copies should be made of this page.

Director of Special Education