

Ruth Owens Kruse Educational Center

Referral Information Packet

Name: _____ ID# _____ DOB: _____

Current School: _____ Exceptionality: _____

Grade: _____ Current ESE Placement/Services: _____

School Contact Person: _____ Phone: _____

Staffing Specialist: _____ Phone: _____

Student Home Address: _____

Parent/Guardian: _____ Daytime: _____

Parent/Guardian: _____ Daytime: _____

List of Current Medications: _____

Reason for Referral: _____

Interventions: _____

Agencies/Professionals involved with the student: _____

Other Information: _____