

MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT AT CENTEREACH

Office of Special Education 25 North Bicycle Path – Suite A Selden, New York 11784

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Roberta A. Gerold, Ed.D. Superintendent of Schools

Francine McMahon
Deputy Superintendent
for Instruction

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Parent Request for Referral to the Committee on Special Education

Name of Student	Student ID #	
School	Grade	Date of Birth
Home Address		
Father's Name	Telephone#	Cell/work#
Mother's Name	Telephone #	Cell/work#
	ow please describe the concer ate this referral to Special Edi	

2. Social/Behavioral

3. Why do you suspect that your child has a disability?

4. Please itemize the contacts that have been made with the school to discuss your concerns.

5. Please describe any academic interventions that have been implemented on behalf of your child.