

Date

**Risk Assessment Referral Form**  
**SPECIAL EDUCATION**

*The student's parent/guardian must be contacted and informed regarding this referral before it is sent and acted upon. Please inform parents that assessment will be completed at Mountain High School.*

Safe School Violation: ☐ Harm to others ☐ Harm to self ☐ Fire related ☐ Sexual Harassment  
☐ Alcohol/Drugs ☐ Other

NAME (L)  (F)

School  Grade  DOB  Gender

Is there a need for an interpreter? ☐ Yes ☐ No

Specific Disability

**Details of specific violation**

**PARENT/GUARDIAN INFO:**

Name  Work phone

Address  Home phone

Other Phone numbers/contacts  Cell phone

**Provide the following:**

- ☐ Copy of safe school manifestation/accompanying anecdotal record
- ☐ TRF (Achenbach) (Min. of 2 from classroom teachers—current within the past 3 months)
- ☐ Incident report—if police involved
- ☐ Victim report—if applicable
- ☐ Discipline Screen—if applicable
- ☐ Grades
- ☐ Most recent psychological test results

Refer questions and send information to: Jeri Rigby – Elementary  
Kathy Chisholm – Secondary  
Special Education Office  
402-5151

CONTACT PERSON/CASE MANAGER

Phone