

Bibb County Board of Education
Macon, Georgia 31201

**Re-Evaluation Referral for
Psychological Services**

*All items must be thoroughly completed in order for this referral to be processed.
(Incomplete referrals will be returned to the school)*

Name: _____ Date of Birth: _____

Sex: _____ Race: _____ Age: _____ School: _____ Grade: _____

Area(s) of Exceptionality: _____

Lives with both parents Mother Father Guardian

Father's name: _____ Occupational: _____

Mother's name: _____ Occupational: _____

Address: _____ Telephone: _____

Previous Tests of Mental Abilities:

Test: _____ Examiner: _____ Date: _____ IQ: _____

Test: _____ Examiner: _____ Date: _____ IQ: _____

Achievement Test(s): (by Special Ed Teacher)

Test: _____ Date: _____ Scores: _____

Test: _____ Date: _____ Scores: _____

Attach most current Report card:

Letter or numerical grades/grade levels: _____

Please state significant behavior characteristics: _____

Educationally relevant medical data: _____

Known physical illnesses, medications, seizures, etc.:

How does child react to teacher and to discipline?

How does child react to praise and/or reward?

How does child get along with classmates?

Description of child's strengths:

Description of child's weaknesses:

Has the child been seen by or received any help from other sources outside school which he attends:

Yes No If yes, please explain: _____

Special Education Teacher: _____ Date: _____