



DOMINGOS & ASSOCIATES
NEUROPSYCHOLOGICAL SERVICES
SCHOOL REFERRAL REQUEST FORM

Student Information:

Student Name: _____ Date of Birth (MM/DD/YYYY): _____ Gender: _____
 Current Grade: _____ Repeated/Skipped Grade: No Yes (specify): _____
 Current Service Plan: No current plan Previous plan, but not current 504 IEP
 Current Services (check all that apply): No services RTI SPED OT SL Psych/Counseling
 Current Disability Eligibility Categorization (specify all): _____

Evaluation Information:

Type of Request: Initial evaluation Standard 3-year re-evaluation Early re-evaluation Extended evaluation
 Referral source: Parent School Parent and School Other (please specify): _____
 Signed ECF date: _____ 30-day test-by date: _____ 45-day meeting-by date: _____
 A few sentences about the student's functioning at school: _____

Type of evaluation(s) requested (please check all the apply):

Evaluation type	Evaluation description
Psychoeducational	Cognitive (WPPSI/WISC/WAIS) and Academic (WIAT)
Cognitive only	Cognitive (WPPSI/WISC/WAIS)
Academic only	Academic (WIAT)
Attentional	Student, Teacher, Parent attentionally focused interviews and questionnaires (Conners-3)
Social-emotional	Student, Teacher, Parent emotionally focused interviews and questionnaires (BASC-3); projective testing
Neuropsychological	Learning/Memory (RCFT, CVLT), Executive Function (D-KEFS), Visuomotor (RCFT) **includes attentional testing
Neurodevelopmental	Autism-focused testing including ADOS-2 and autism-related questionnaires (ASRS, SRS, or SCQ) **must be completed in conjunction with cognitive, social-emotional and attentional testing
Functional Behavioral Assessment	Extended teacher interviews and classroom observations

Other concurrent evaluations being requested: OT SL Other (specify): _____

Background Information:

Please list 2 or more teachers or other providers who know the student best (in priority order):

Name/subject _____ Email address: _____
 Name/subject _____ Email address: _____
 Name/subject _____ Email address: _____
 Name/subject _____ Email address: _____

Please check all of the following background documents that you have available.

<input type="checkbox"/> Current 504/IEP	<input type="checkbox"/> Standardized test scores (MCAS, IOWAs, etc)
<input type="checkbox"/> Previous testing reports	<input type="checkbox"/> Any progress notes or other team notes
<input type="checkbox"/> Most recent report card grades	<input type="checkbox"/> Other relevant background information

Please email this form, the Parent Referral Request Form, and all checked background documents to Tasha Cooper (domingosandassociates@gmail.com)