

DATE OF ARD:

AMARILLO INDEPENDENT SCHOOL DISTRICT
SPECIAL EDUCATION DEPARTMENT

Page _____ of _____

AMARILLO, TEXAS

ARD/IEP SUPPLEMENT
REFERRAL TO A REGIONAL DAY SCHOOL PROGRAM
FOR THE DEAF (RDSPD) ¹

NAME OF STUDENT _____

DATE OF MEETING _____

The ARD committee has determined that this student's placement will be:

REGIONAL DAY SCHOOL PROGRAM _____

SCHOOL DISTRICT _____

YES

NO

This is the school, which this student would attend if not disabled. If NO, explain:

List needs that local or regional program cannot meet:

Describe how recommended placement will meet those needs:

If this student is referred to a Regional Day School Program for the Deaf, the ARD committee determined that the hearing loss:

severely impairs linguistic processing through hearing even with recommended amplification, and

adversely affects educational performance, as documented by the following:

Audiological Report, _____
DATE

Otological Report, _____
DATE

Communication Assessment Report, _____
DATE

Comprehensive Individual Assessment Report, _____
DATE

Language Assessment _____
DATE

Educational Performance Levels _____
DATE

For referral to out-of-district RDSPD, ARD report was sent to receiving school district on:

DATE

¹ Referral to a Regional Day School Program for the Deaf should be considered at each annual ARD for a student currently receiving RDSPD services.