Sonoma County SELPA
Referral For ADR Services

Date: _____________
Student's Name: ______________________________ DOB: __________________
Student's Primary Disability: ______________________ Grade:_________________
Parent: ____
Parent's Home Phone: __________________ Work/Cell Phone: _________________
District: ________________________________ School: ___________________________
Party Requesting ADR: ____ Parent ____ District
Name and Role of District Contact : ____
Phone Number: ____________________ Email ______________________________
Person Completing Form: ____

Area of Concern(s). Check all that apply:

- **__ Eligibility**
- **__ Placement**
- **__ Services**
- **__ Timelines**
- **__ Assessment**
- **__ Failure to hold IEP**
- **__ Implementation of IEP**
- **__ Complaint Filed**
- **__ Other: ____________________**

Briefly Explain: ____
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Parent Supports:

___ Parent conferenced with principal or special education staff
___ Parent Referred to Matrix Parent Support Network: 1- 800-578-2592

___ Copy of Most Current IEP faxed to ADR Case Carrier Date: ____________

____ ______________________
Signature of Special Education Administrator/ Designee **Date**

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Please email, fax, or mail this form to: adr.request@sonomaselpa.org, (707) 524-2754 (fax), ADR Request, Sonoma County SELPA, 5340 Skylane Blvd, Santa Rosa, CA. 95403. The district contact person will be notified within 48 hours of receipt of this form.
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<u>ADR Staff Only</u>
ADR Intaker: ______________________ ADR Case Manager ___________________
Date Form Received: _______________
___ Special Education Administrator Contacted Date: _________________________

Copy 1: SELPA ADR File **Copy 2: Special Ed Director** **Copy 3: Superintendent**