REFERRAL FOR SPECIAL EDUCATION EVALUATION - OVERVIEW

Purpose

This form will help parents, district staff, public agencies, or other people with information about a student to request a special education evaluation (also called a "special education referral"). This form is <u>not required</u> – any written request for evaluation is valid. Districts may follow up a verbal, email, or other written request with a request to complete this form, but may not require the referrer to complete the form prior to considering the student for evaluation. It is important to note that the 25-day timeline described below starts as soon as the request is received, whether or not this form is used.

Process

Once the district receives a written request for evaluation in any form/format, they have <u>25 school</u> <u>days</u> to review information about the student, including school and medical records and information from parents, and decide whether to evaluate the student for special education eligibility. If the district decides to evaluate, it must obtain written and informed consent from the parent prior to beginning the initial evaluation. See below for a timeline flow chart.

Timelines for Referral, Initial Evaluation, and Initial Individualized Education Program (IEP)

Referral for special education evaluation 25 school days to **decide** whether to evaluate, send written notice re: decision

Written parental **consent** for evaluation

35 school days to complete evaluation and determine eligibility

If student determined **eligible**

30 calendar days to **develop IEP**, parent **consent** for services

As soon as possible, services begin

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Date:	:			
l wou	uld like to request a special education	evaluation for the following stude	nt:	
Stude	ent name:	Birthdate:	Birthdate:	
Scho	ol name (if in school):	Grade:	Age:	
My name: M		My relationship to the student:	y relationship to the student:	
Phone:		Email:		
Langı	uage(s) spoken in the home:			
Has t	his student been evaluated for special edu	ucation in the past? \square Yes \square No	□ I do not know	
If yes, when and where was the evaluation?			☐ I do not know	
Му	concerns for the student are: <i>(check all</i> Academic Concerns	that apply) Physical/Behavioral	Concerns	
	written words and sentences) Math (calculating or problem solving) Following directions Putting thoughts into spoken words (expressive communication) Understanding spoken words (receptive communication)	 □ Complying with adult direct □ Easily frustrated □ Extreme mood swings □ Social/peer interaction skill □ Motivational issues □ Physical/motor concerns (exalking upstairs, bouncing □ Adaptive skills (e.g., toileting 	 Extreme mood swings Social/peer interaction skills Motivational issues Physical/motor concerns (e.g., holding a pencil, walking upstairs, bouncing a ball, etc.) Adaptive skills (e.g., toileting, hygiene, personal safety skills, managing money, etc.) 	
	Other:	□ Other:		
	Other:	☐ Other:		
Ιп	Other:	☐ Other:		

This information is not required, but would be helpful to the district when determining whether to evaluate. Tell us more about your concerns for the student. Where do you see the student struggling? What has already been tried to help the student? Examples could include interventions implemented as part of a multi-tiered system of supports (MTSS), Learning Assistance Program (LAP), Title I, etc. Support How did this support help the student? ☐ Tutoring ☐ Small group instruction ☐ Behavior plan ☐ Other: ☐ Other: Is there medical or health information about the student that the district should know? Does the student take any medications? Is there any other information you would like to share? Is there any paperwork or other records you can share?

In the sections below, please provide additional information that you would like the district to know.

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