# REFERRAL FOR SPECIAL EDUCATION EVALUATION - OVERVIEW

### <u>Purpose</u>

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.

## <u>Timelines for Referral, Initial Evaluation, and Initial Individualized Education Program (IEP)</u>

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

# **REFERRAL FOR SPECIAL EDUCATION EVALUATION**

Date:	
I would like to request a special education e	valuation for the following student:
Student name:	Birthdate:
School name (if in school):	Grade: Age:
	My relationship to the student:
Phone:	Email:
Language(s) spoken in the home:	
Has this student been evaluated for special educ	ation in the past? □ Yes □ No □ I do not know
If yes, when and where was the evaluation?	□ I do not know
My concerns for the student are: (check all to	hat apply)  Physical/Behavioral Concerns
☐ Reading or understanding what is read	☐ Attention and concentration
☐ Writing (putting thoughts/ideas into	☐ Complying with adult directives
written words and sentences)	☐ Easily frustrated
<ul><li>☐ Math (calculating or problem solving)</li><li>☐ Following directions</li></ul>	Extreme mood swings
☐ Putting thoughts into spoken words	☐ Social/peer interaction skills☐ Motivational issues
(expressive communication)	☐ Physical/motor concerns (e.g., holding a pencil,
☐ Understanding spoken words (receptive	walking upstairs, bouncing a ball, etc.)
communication)	☐ Adaptive skills (e.g., toileting, hygiene,
☐ Pronouncing words and sounds	personal safety skills, managing money, etc.)
(articulation)	☐ School attendance issues
☐ Other:	☐ Other:
☐ Other:	□ Other:
□ Other:	☐ Other:

evaluate.	
Tell us more about your co	oncerns for the student. Where do you see the student struggling?
<del>-</del>	ed to help the student? Examples could include interventions implemented as 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:	
student take any medication	
you can share?	tion you would like to share? Is there any paperwork or other records

In the sections below, please provide additional information that you would like the district to know. This information is not required, but would be helpful to the district when determining whether to

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