

Vashon Island School District No 402

SPECIAL EDUCATION REFERRAL and NOTIFICATION

Student Name: [] Male [] Female Birthdate:
School: Grade: Teacher/Counselor:
Student is living with: [] Both parents [] Father [] Mother [] Step Parent [] Foster Parent [] Self
[] Agency [] Legal Guardian [] Other:
Parent/Guardian: Phone (H): () Phone (W): ()
Address:
Primary Language of Student: Primary Language at Home:
Ethnicity: [] A-Asian [] B-Black [] H-Hispanic [] I-American Indian [] W-White
Surrogate parent needed? [] Yes [] No Parent interpreter needed? [] Yes [] No Adult student? [] Yes [] No

I believe this student may have a disability. I have concerns about this student's progress in school in the area(s) of:

- [] Reading [] Vision [] Fine Motor Skills
[] Mathematics [] Hearing [] Gross Motor Skills
[] Written Language [] Speech/Language [] Behavior/Social-Emotional Development
[] Rate of Learning [] Health [] Adaptive Skills
[] Other:

Procedure or record indicating a delay:

Previous evaluations (where? when?):

Other relevant factors, if any:

Name of person making the referral:

Date:

Relationship of referral source to student:

Phone # ()

District contact receiving written referral: (Name)

Date:

Dear Parent/Guardian/Adult Student: This is to notify you of our receipt of the above referral for possible evaluation for special education. Eligibility for special education requires an evaluation to determine if the student (1) has a disability which (2) adversely affects his or her educational performance and (3) requires specially designed instruction and (in some cases) related services.

A team of qualified professionals will review existing records, along with any additional information you provide, and will make a decision whether or not to proceed with a full evaluation. To assist us in gaining a thorough understanding of this student, please complete and return the enclosed forms as soon as possible:

- [] Parent Supplied Information, to provide background information about health and history.
[] Releases for exchange of information. All information collected will be kept confidential and will be used only by authorized school personnel in compliance with the Family Education Rights and Privacy Act.

Within 25 school days of the date the written referral was received, a determination will be made as to whether or not an evaluation for special education is warranted. We value your input and will consider all information available to us at that time. We encourage you to return the enclosed forms, along with any other information you wish us to consider, as soon as possible.

State and federal laws guarantee that you have specific rights regarding the procedures. These are described in the attached Procedural Safeguards booklet. Please be certain to read them carefully. If you would like help in understanding the content or have any questions or concerns, please call me at () . Thank you.

Name:

Title:

Date: