

Referral for Special Education Evaluation

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 not required – 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 this specific form prior to considering the student for evaluation. It is important to note that the 25-day timeline to decide whether to evaluate begins as soon as the written request is received.

For assistance completing this form please contact 509-354-7947 or childfind@spokaneschools.org

Date: _____

I would like to request a special education evaluation for the following student:

Student name: _____ Birthdate: _____

School name (if in school): _____ Grade: _____ Age: _____

Student address (if known): _____ Zip: _____

Parent/Guardian name: _____ Parent/Guardian phone: _____

Parent/Guardian email: _____

Language(s) spoken in the home: _____

My name: _____ My relationship to the student: _____

My phone: _____ My email: _____

Has this student been evaluated for special education 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 that apply)	
<u>Academic Concerns</u>	<u>Physical/Behavioral Concerns</u>
<input type="checkbox"/> Reading or understanding what is read <input type="checkbox"/> Writing (putting thoughts/ideas into written words and sentences) <input type="checkbox"/> Math (calculating or problem solving) <input type="checkbox"/> Following directions <input type="checkbox"/> Putting thoughts into spoken words (expressive communication) <input type="checkbox"/> Understanding spoken words (receptive communication) <input type="checkbox"/> Pronouncing words and sounds (articulation)	<input type="checkbox"/> Attention and concentration <input type="checkbox"/> Complying with adult directives <input type="checkbox"/> Easily frustrated <input type="checkbox"/> Extreme mood swings <input type="checkbox"/> Social/peer interaction skills <input type="checkbox"/> Motivational issues <input type="checkbox"/> Physical/motor concerns (e.g., holding a pencil, walking upstairs, bouncing a ball, etc.) <input type="checkbox"/> Adaptive skills (e.g., toileting, hygiene, personal safety skills, managing money, etc.) <input type="checkbox"/> School attendance issues
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

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 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?
<input type="checkbox"/> Tutoring	
<input type="checkbox"/> Small group instruction	
<input type="checkbox"/> Behavior plan	
<input type="checkbox"/> Other:	
<input type="checkbox"/> 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?

Please submit completed form to the school psychologist. If the student is not currently enrolled in Spokane Schools submit to ChildFind Special Education at 200 N Bernard Street Spokane, WA 99201 or email to childfind@spokaneschools.org

Received By:	Date Received:
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