

BRUSH COUNTRY CO-OP

PROCEDURES FOR SPECIAL EDUCATION REFERRAL PROCESS

SPECIAL EDUCATION REFERRAL PROCESS

REFERRAL PACKET WILL BE GIVEN TO COUNSELOR BY THE SPED DEPT

*A student suspected of having a disability and who, by reason thereof, may need special education services should be referred for an initial evaluation as part of the school's overall general education system.

****A Parent may make a written or verbal request for an initial evaluation for special education services at any time if the child experiences difficulty in the general education classroom after appropriate provision of intervention. If the parent requests in writing, to the Campus Counselor, Diagnostician, or Administrative employee of the school district, the district must respond no later than 15 school days after receiving the request notifying the parent of the district's decision. (However, while a verbal request by the Parent does not require the district to respond within a 15 school day timeline, appropriate personnel should be notified of the verbal request).***

***Prior to a Referral** for a Special Education Full Initial Individual Evaluation (FIIE), the student must be **considered for all services available to all children**. Each District should utilize its **Multi-Tiered System of Support (MTSS)** process to provide Data-Based Documentation of those services. (i.e. repeated assessments of achievement at reasonable intervals, formal assessment during instruction, data-based, documented, and Notice of Interventions provided to the child's parent in accordance with SB 1153).

If the student continues to **not** make adequate progress in instruction **after appropriate provision of intervention a referral for evaluation can be requested.*

***TO REQUEST A REFERRAL PACKET** from your district Special Education Department, adhere to the following instructions:

The information listed below **must be completed and submitted** to the Special Education Dept (SEMS clerk, diagnostician, or speech pathologist) **PRIOR** to receiving the referral packet:

1. Completed Demographic Student Information Card/Reason for Referral for the student (see p. 2)

2. MTSS Documentation / Campus Intervention Team Report including Data Documentation of prior interventions and progress ***including the Notice of Interventions that was provided to the child's parents.*** (Districts are encouraged to collect information from their Student Data Management Program, i.e. DMAC)

***The following items **MUST BE INCLUDED** with the referral packet:**

- Copy of Medicaid card
- Copy of social security card
- Copy of birth certificate
- Copy of immunization card

****Principal reviews forms, signs, and dates completed referral***

***Counselor** immediately forwards all forms and documentation to the district SEMS Clerk, Diagnostician, or Speech Pathologist.

Within 5 school days after receiving the COMPLETED Referral Packet, the Diagnostician/Speech Pathologist will provide the PARENT with:

- A Guide to the ARD Review and Dismissal Process Documentation
- Notice of Procedural Safeguards Documentation (Procedural Safeguards Log)
- Notice of Evaluation
- Consent for Evaluation (**Secured by Diagnostician or Speech Pathologist AFTER** all other referral forms have been completed, and at least five days prior to initiation of evaluation.)



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Special Education Referral Process

DEMOGRAPHIC STUDENT INFORMATION CARD

STUDENT NAME: _____ DOB: _____
(FIRST) (MI) (LAST) (MM / DD / YYYY)

LOCAL ID: _____ TSDS UNIQUE ID: _____ SOC SEC #: _____ - -

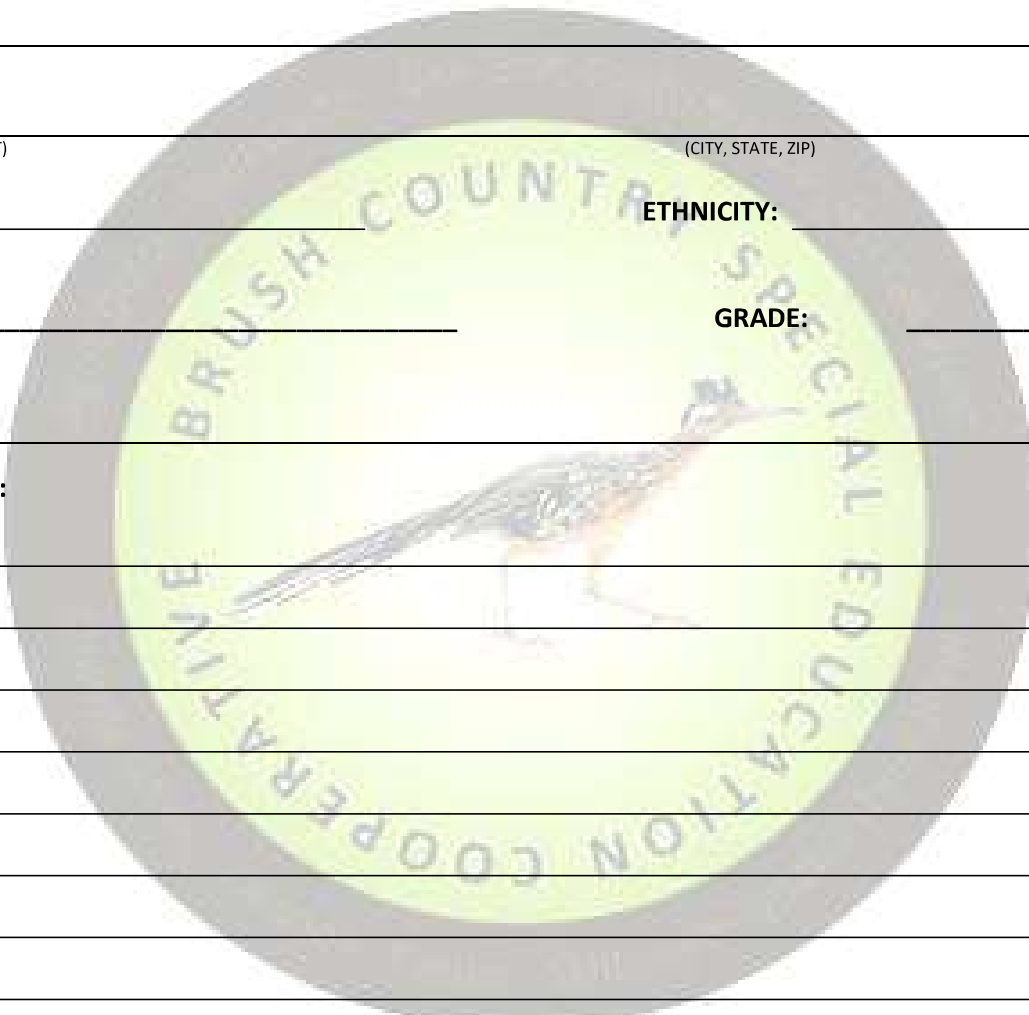
PARENT NAME: _____

ADDRESS: _____
(STREET) (CITY, STATE, ZIP)

PHONE: _____ ETHNICITY: _____

TEACHER: _____ GRADE: _____

Reason for referral:



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The following referral forms must be completed and submitted to the Special Education Department (clerk, diagnostician, or speech pathologist.) as a complete packet:

- **Teacher Input** (completed by *referring teacher*) Date_____
- **Classroom Observation** (completed by *counselor/sp ed teacher*) Date_____
- **Health Information** (completed by *school nurse*) Date_____
- **Parent Input** (*counselor completes with parent*) Date_____
- **Home Language Survey** (copy from student Cumulative folder) Date_____
- **LPAC Report** (if applicable - District form completed by *counselor*) Date_____
- **Referral Information** (completed by *counselor/referring teacher*) Date_____

Must also include...

- **Other Required documentation:** Date_____
- ✓ Copy of **Medicaid card**
- ✓ Copy of **social security card**
- ✓ Copy of **birth certificate**
- ✓ Copy of **immunization card**

Principal reviews forms, signs and dates completed referral and **Counselor** immediately forwards all forms and documentation to the district SEMS Clerk, Diagnostician, or Speech Pathologist.

Completed Referral:

Date_____

Principal's Signature_____

Received by Special Ed Dept:

Date_____

SPED Dept Signature_____