



# BREWSTER SCHOOL DISTRICT

P.O. Box 97, Brewster, WA 98812

## REFERRAL FOR SPECIAL EDUCATION EVALUATION - OVERVIEW

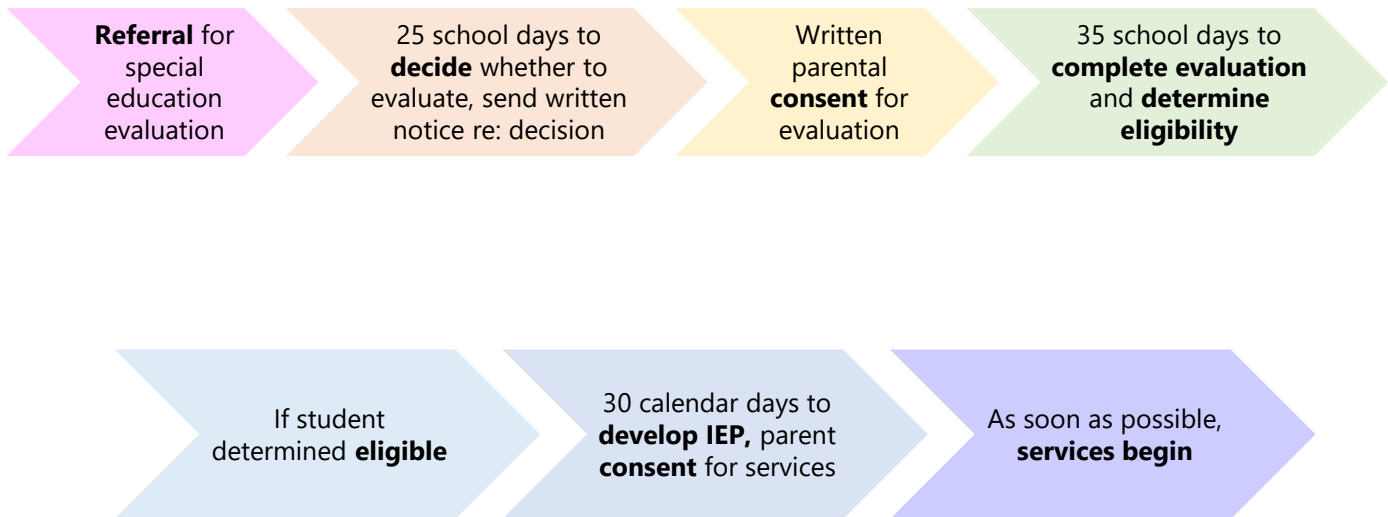
### Purpose

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 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 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 25 school days 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

Date:	
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**I would like to request a Special Education evaluation for the following student/child:**

Student Name:	Birthdate:	
School Name:	Grade:	Age:

**Referring Person's Information:**

My name:	My relationship to the student:	
Phone:	Email:	
Mailing Address:		
Was the parent/guardian notified of the referral? <input type="checkbox"/> Yes, Date: <input type="checkbox"/> No		

**Student/Child's Information:**

Grades with more than 18 absences ( <i>circle</i> ): K 1 2 3 4 5 6 7 8 9 10 11 12		
Has the child/student ever repeated a grade? <input type="checkbox"/> Yes, Grade: <input type="checkbox"/> No		
Child's Native language:		
Language(s) spoken in the home:		
Has this student been evaluated for Special Education in the past? <input type="checkbox"/> Yes, Date: <input type="checkbox"/> No <input type="checkbox"/> I do not know		
Has the child/student ever received Special Education and/or Early Intervention services? If so, when and what services? <input type="checkbox"/> Yes, Date:                      Services: <input type="checkbox"/> No <input type="checkbox"/> I do not know		
Has the student ever had a behavior plan? <input type="checkbox"/> Yes, Date: <input type="checkbox"/> No		

<b>My concerns for the student are: (check all that apply)</b>	
<u><b>Academic Concerns</b></u>	<u><b>Other Concerns</b></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"/> Mental health concerns <input type="checkbox"/> History of trauma
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<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.**

<b>Tell us more about your concerns for the student. Where do you see the student struggling?</b>

**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.*

**\*\*If this form is being completed by school district staff, please attach information and data regarding interventions implemented and the student's response to the intervention(s).\*\***

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"/> After School program	
<input type="checkbox"/> Intervention from Multilingual program	
<input type="checkbox"/> Tier 2 and Tier 3 Intervention	<i>(Attach documentation of intervention type and students response to intervention)</i>
<input type="checkbox"/> Mental health services	
<input type="checkbox"/> Therapies provided outside the school setting (occupational, speech, etc.)	
<input type="checkbox"/> Other:	

**Is there medical or health information about the student that the district should know?**

Does the student wear glasses?  Yes  No

Does the student use hearing aids?  Yes  No

Does the student take any regular medications?  Yes  No

Are there any current medical/health concerns and/or diagnoses?  Yes  No

Does the student have a current health plan on file at school?  Yes  No

Has this student ever experienced any head injuries?  Yes  No

Were there any complications during the pregnancy, labor, and delivery of this child/student?  Yes  
 No

Please share any other information:

**Is there any other information you would like to share? Is there any paperwork or other records you can share? *If other paperwork/records to share, please attach to this form.***

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**Referring Person's Signature**


**Date**

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**Building Principal's Signature** *(If being submitted by school district staff)*

**Date**

<b>Special Education Department ONLY</b>	
<b>Date Referral Received:</b>	
<b>Special Education Department Representative Signature:</b>	
<b>Date Reviewed by Special Education Team:</b>	
<b>Decision to Evaluate:</b>	<input type="checkbox"/> Yes, evaluation recommended <input type="checkbox"/> No, evaluation will not be completed at this time
<b>Prior Written Notice Sent to Parent/Guardian:</b>	

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