

Referral for Evaluation

To: _____

Referral Date: _____

Parent/Guardian

A request has been submitted for a special educational evaluation of your child. The primary reason for this request is:

- Academic Delays
- Speech and Language
- Motor Areas
- Delays in expected progress
- Parent Request
- Emotional/Behavioral/Social
- Audiological/Vision
- Health
- Previous Placement/Transfer
- Other: _____

Your child, __, has been referred for assessment. Not all students who are having difficulties in school will need special education.

In order to determine the needs for special education services, it is necessary to conduct an assessment. Within fifteen (15) days of the referral date, an assessment plan will be developed that outlines the areas in which your son/daughter needs to be evaluated.

An Individualized Education Program (IEP) Team meeting will be scheduled to review the results of the assessment. The results of the assessment will help us make recommendations for programs or services to be provided at no cost to you in order to more adequately meet your son's/daughter's educational needs.

No special education service(s) will occur without your written permission.

A short version of the parent rights and procedural safeguards has been attached for your review. A comprehensive document regarding procedural safeguards will be provided by the assessment personnel.

The individuals supervising the assessment process is:

Name: _____

Title: _____

Phone: _____