

# REFERRAL FOR ASSESSMENT FOR SPECIAL EDUCATION SERVICES

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**DATE**

**FROM:**

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Parent/Guardian Name(s)

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Street Address

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City, State, Zip

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Telephone Number(s)

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Email (if applicable)

**TO: Mr./Ms.** \_\_\_\_\_

Name of Director of Special Education

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School District Name

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School District Street Address

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City, State, Zip

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Telephone and Fax Number(s) if known

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Email if known

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Student Name

Birth Date

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Student School

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School Address



In addition to the typical school district evaluations, I specifically request that the school district conduct the following evaluations of my child if listed here:

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I understand that Response-to-Intervention (RTI) is now allowed under IDEA 2004 as *one* evaluative tool that may assist in determining the presence of specific learning disability (SLD) but that, according to the U.S. Department of Education (DOE) Office of Special Education and Programs (OSEP) memo of 1/27/2011, "it would be inconsistent with the evaluation provisions at 34 CFR Sections 300.301-300.111 for an LEA [school district] to reject a referral and delay provision of an initial evaluation on the basis that a child has not participated in an RTI framework," and that the school district has an "obligation to ensure that evaluations of children suspected of having a disability are not delayed or denied because of implementation of an RTI strategy."

<http://www.rti4success.org/resourcetype/memo-response-intervention-rti-process-cannot-be-used-delay-deny-evaluation-eligibility>

If the school district asks to conduct a Student Study Team (SST) process in response to my parent referral for IDEA evaluation, I will consider such a request so that my child can receive help and intervention *while* the IDEA evaluations are ongoing. Understand, however, that if I give my approval for a SST, I will not and do not waive my child's right to comprehensive assessment under the district's "Child Find" mandate.

I understand that schools are required only to "consider" general education interventions before delivering special education *services*, and that evaluation is not *services*. I also understand that the school district is not required to "exhaust" general education interventions, that there is no exhaustion standard in IDEA, and that IDEA Child Find requires evaluation when there is suspected disability.

I look forward to receiving an Assessment Plan in 15 calendar days for my review and consent so that evaluations can proceed. If the district refuses to evaluate I expect Prior Written Notice (PWN) that meets the requirements of the IDEA.

I look forward to evaluations being completed promptly and an IEP meeting held at a mutually agreeable time and place, within 60 calendar days of my consent to the Assessment Plan, to discuss results and plan for my child's supported education.

Please ensure that we schedule an IEP meeting accordingly to ensure that I receive copies of all assessment reports at least 5 business days before the IEP meeting that will be scheduled to discuss them so that I will have adequate time to review carefully and prepare any questions or parent concerns I may have for the team.

Sincerely,

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Parent/Guardian Signature(s)

COPIES TO:

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Other members of my child's educational team

ENCLOSED: Attachments to this letter (if included) to help the district understand child's needs, disability, or suspected disabilities

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