PARENTAL NOTICE OF REFERRAL

Date: _____

Student: _____ Gender: _____ D.O.B.: _____

School: _____ Grade: _____

Dear Parent/Guardian:

Your child has been referred to the special education **Evaluation Team** to determine whether your child is in need of special education services. This team of qualified professionals includes your child's teacher, psychologist, a special educator, LEA representative, and other professional staff who may assist in determining needs. Because you are an important part of this process, we would like to invite you to be an active participant of the team in reviewing your child's educational performance, discussing areas of concern, and determining whether there is a need to evaluate your child.

You are invited to join the special education Evaluation Team to review this referral. Although your attendance at this meeting is not required, we strongly encourage you to attend. The special education Evaluation Team will be meeting on:

DATE:

TIME:

LOCATION:

Please contact us to confirm your attendance at this meeting. If you require special accommodations in order to participate in this meeting, please call at least two business days in advance of the meeting. If you are unable to attend this meeting, you will be contacted regarding the decision of the team. If you have any questions regarding the Evaluation Team meeting to discuss referral, you may contact the following member of the special education Evaluation Team:

Name: _____ **Telephone:** _____

Enclosed please find a copy of the *Parental Rights and Procedural Safeguards in Special Education* and information regarding the Local Advisory Committee on Special Education.

Yours Truly,

_____
Case Manager
Special Education Evaluation Team

Parental Response:

Check one:

☐ I/We will participate in the special education Evaluation Team meeting.

☐ I/We will not be participating in the special education Evaluation Team meeting.

_____ _____
Signature of Parent/Guardian Date

Please return one copy of this form to: _____

North Providence School Department Special Education Department

REFERRAL TO THE EVALUATION TEAM

Date: _____

Student: _____ Gender: _____ D.O.B.: _____

School: _____ Grade: _____

Living with _____ _____ Relationship to student _____

Address _____ Telephone _____ _____

Street Zip home work

Status ☐ Resident ☐ Tuition ☐ Other _____

CHECK AS APPROPRIATE

Race	*Language*	*Legal Guardian*
☐ Native American/Alaskan Native	☐ English	☐ Natural Parent
☐ Asian/Pacific Islander	☐ Non-English	☐ Mother
☐ Black ☐ White	☐ Non-Verbal	☐ Father
☐ Hispanic	☐ Other: _____	☐ Other: _____
☐ Other: _____	☐ Language spoken at home: _____	

Reason for Referral: (Attach documents)

_____

_____

_____

SUMMARY OF ACTIVITY BY THE TEACHER SUPPORT TEAM (or other classroom interventions)

Include the following information

☐ Request for Assistance ☐ Meeting Worksheets ☐ Follow-Up Meeting

EDUCATIONAL BACKGROUND

☐ Attach copy of latest report card and latest standardized test results

☐ Summarize the support services that have been provided prior to this referral (Title 1/Literacy, Guidance/Counseling, Social Work Intervention, ESL, etc.)

☐ Personal and Social Data

☐ Health Record (including vision and hearing screenings, etc.)

Attach additional information as needed.

REFERRAL TO THE EVALUATION TEAM

page 2

Referred to the Evaluation Team by _____ Date _____

☐ This child has been evaluated in the past by: _____

Comments:

_____

_____

SUMMARY OF REVIEW BY THE EVALUATION TEAM

Date of Meeting: _____

Special Education Evaluation Team (ET) Participants

LEA Representative	**General Educator**	**Special Educator**
School Psychologist	**Social Worker**	**Guidance Counselor**
Student (if appropriate)	**Parent**	**Parent**

RECOMMENDATIONS

☐ The Evaluation Team has determined that evaluations are not needed and notified the parents in writing.

☐ The Evaluation Team recommends that the following evaluations be completed:

☐ Psychological	☐ Clinical Psychological	☐ Speech	☐ Language
☐ Psychiatric	☐ Functional Behavioral Assessment	☐ Vocational	☐ Adaptive Behavior
☐ Educational	☐ General Medical	☐ Social History	☐ Other: _____

Comments:

_____

_____

_____

_____

_____ _____

Team Chairperson **Date**