

BELÉN CONSOLIDATED SCHOOLS - SPECIAL SERVICES
Prior Written Notice of Proposal to Conduct an Initial Individualized Eligibility Determination

To (Parents/Guardians): _____ Date: _____

From: _____ Position: _____ Phone: _____

Student: _____ Student #: _____ DOB: _____

Initial Referral - this referral is for a multidisciplinary educational evaluation. The purpose of this evaluation is to provide information to better plan your child's school program. This referral is based on the following information:

Difficulties in:

- | | | |
|--|--|---|
| <input type="checkbox"/> Readiness | <input type="checkbox"/> Math Calculation | <input type="checkbox"/> Oral Language Development |
| <input type="checkbox"/> Reading: | <input type="checkbox"/> Math Reasoning | <input type="checkbox"/> Articulation <input type="checkbox"/> Voice <input type="checkbox"/> Fluency |
| <input type="checkbox"/> Phonemic Awareness | <input type="checkbox"/> Spelling | <input type="checkbox"/> Social/Emotional/Behavior |
| <input type="checkbox"/> Phonics Skills | <input type="checkbox"/> Writing Mechanics | <input type="checkbox"/> Physical Impairment/Motor Concerns |
| <input type="checkbox"/> Reading Fluency | <input type="checkbox"/> Written Expression | |
| <input type="checkbox"/> Reading Vocabulary | <input type="checkbox"/> Following Directions | <input type="checkbox"/> Developmental Concerns |
| <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Listening Comprehension | <input type="checkbox"/> Other |

Advanced performance in:

_____ _____ _____ _____

The following sources of information were used in documenting the areas marked above:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Class work | <input type="checkbox"/> Home Work | <input type="checkbox"/> Classroom tests | <input type="checkbox"/> Observation |
| <input type="checkbox"/> Anecdotal records | <input type="checkbox"/> Screening results | <input type="checkbox"/> State tests | <input type="checkbox"/> District tests |
| <input type="checkbox"/> Other _____ | _____ | _____ | _____ |

The following were implemented (for school- aged students) prior to the decision to make this referral:

- High-quality programs of instruction based on the curriculum framework (Tier I).
- Differentiated instruction based on your child's instructional strengths and needs (Tier I).
- Targeted, small group or individual instruction in your child's specific areas of need as indicated above (Tier II).

Because the carefully designed interventions that were implemented (for school-aged children) were not entirely successful in fully meeting your child's educational needs, an individualized multidisciplinary evaluation is recommended at this time. Please refer to the evaluation procedures described below.

Evaluation Procedures

Your parental rights regarding special education are described in the attached/enclosed document, Parent and Child Rights in Special Education. If you have any questions or concerns, please contact the person that sent you this notice as indicated at the top of this form.

1. Prior to the evaluation you will be given the opportunity to discuss testing procedures and your rights. Your written consent for evaluation will also be requested and you will be asked to complete an initial case history.
2. An evaluation will be conducted. Tests of cognitive ability and achievement may be given, along with other tests and evaluation procedures that will give a better understanding of your child's needs.
3. Following the evaluation you will be given an opportunity to discuss the test results with the evaluator(s).
4. The eligibility determination team (EDT), of which you are a member, will meet to determine whether your child is eligible for special education services. If your child is found eligible, an Individualized Education Program will be developed.