Dear Parent/Guardian,

Thank you for contacting us regarding your private/homeschooled student whom you are interested in referring for a special education evaluation. Any person who believes that a student (a) has a disability that affects their ability to access general education and (b) is in need of special education or related services, may request that the district determine if the student is an appropriate candidate for a special education eligibility evaluation.

Completing a referral packet does not mandate that the district conduct a special education eligibility evaluation, nor does it make the student eligible to receive special education services. It instead initiates the process of determining if the student is an appropriate candidate for evaluation. This determination will be made within twenty-five school days following the receipt of a written request for a special education evaluation. The submission of a referral packet is considered a written request and will initiate the twenty-five day timeline.

The MISD evaluation team will review submitted referral packets and determine if the student is an appropriate candidate for a special education evaluation. In making this determination, the evaluation team relies heavily on up-to-date information and objective evidence. If possible, please include standardized test scores with your submission. You may also enclose any additional information (physician statements, private evaluations, etc.) to support your referral request. Written notice of the team’s determination will be sent to the parent/guardian.

Please do not submit incomplete or partial packets, as the evaluation team may not have enough information on which to base their decision, resulting in a decision not to evaluate. Packets may be submitted via US Mail, e-mail or fax.

Mercer Island School District
Special Services
Attn: Sophia Murray
4160 86th Ave SE
Mercer Island, WA 98040

Fax: 206-236-3333 (Attn: Sophia Murray)

Email: sped@mercerislandschools.org
Person Making Referral (Name/Relationship to student): ____________________________________________

Date:_____________ Student ID#: ______________

Student Name:_________________________________________ Date of Birth:______ Sex: □ M  □ F

Private School:_________________________________________ Grade:_____ Age: ______

Parent/Guardian(s): _______________________________________

Living with: □ Both Parents  □ Mother  □ Father  □ Grandparent(s)  □ Other  Explain: ______________________________

Address:_________________________________________ Zip Code: ______________

Email_________________________ Cell______________________ Other________________________

Student’s primary language: □ English  □ Other  Please Specify: _______________________________

Language Spoken at home:________________________ Interpreter needed? □ Yes □ No  Language ________________________

Student ethnicity: ___________________________ Student race: _________________ Active military family □Yes □ No

(required)  (required)

Please describe current concerns (academic, social, behavioral, medical, etc.):

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Educational History:

List all schools your child has previously attended:

<table>
<thead>
<tr>
<th>School(s)</th>
<th>City</th>
<th>State</th>
<th>Grade(s)</th>
<th>Date Entered</th>
<th>Date Withdrawn</th>
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Age at which child entered school: ___ Grade(s) repeated: _______

Best Subject: ______________ Most Challenging: ______________ Favorite: ______________

When were you first aware of school problems? ________________________________

Frequency of help with homework: ______________ How long daily? ______________ By whom? ________________
Check any of the behaviors that may apply to your child:

- Shy
- Withdrawn
- Inactive
- Aggressive
- Hyperactive
- Impulsive or explosive behavior
- Cries easily
- Happy
- Friendly
- Affectionate
- Inquisitive
- Prefers to be alone
- Easily frustrated

Other significant behaviors: ____________________________________________________________

How is child disciplined? __________________________________________________________
How frequently? _____________________________

School Attendance: □ Regular  □ Irregular  Explain: ______________________________________

Lengthy absences (over 10 days): When? _______________  Reason(s): _________________________

Family history of learning problems: □ Yes  □ No  Explain: ________________________________

Previously evaluated for special education by a public school district? □ Yes  □ No
District: _____________________________

Evaluation Date: ________  Determination: □ Eligible  □ Ineligible

Eligibility Areas: □ Academics  □ Speech  □ Motor  □ Social/Behavior  □ Other: _____________________

IEP status (if eligible): □ No IEP  □ Expired (over 1 year)  □ Current
District: _____________________________

Additional information: ______________________________________________________________

_________________________________________________________________________________

**Medical/Developmental History:**

Mother's age at child's birth: _____  Mother's health during pregnancy: _________________________

Child's condition at birth: ____________________________________  □ Full Term  □ Premature
Birth Weight ________

Drug and/or alcohol use during pregnancy  □ Yes  □ No  Explain: _______________________________

Complications during pregnancy or delivery: _________________________________________________

Significant medical history or hospitalization  □ Yes  □ No  Explain: ___________________________

_________________________________________________________________________________

Approximate age when child:

Sat alone: ______  Used words: ______  Toilet trained: ______  Crawled: ______  Walked: ______

Used sentences: ______  Dry at night: ______  Tied shoes: ______  Difficulty learning to tie shoes?  □ Yes
□ No

Do you feel that development has been equal to peers? □ Yes  □ No  General Health:  □ Good  □ Fair
□ Poor

Current medical/psychiatric diagnosis: __________________________________________________________

Current medications: _________________________________________________________________

Current/Previous therapy (speech, OT/PT, psychologist, counselor, etc.) name/phone of providers and dates of service:

_________________________________________________________________________________

_________________________________________________________________________________

Problems with frequent nightmares, sleepwalking, nail biting, stuttering, teeth grinding, and/or temper tantrums?
□ Yes  □ No  Explain: _________________________________________________________________

*Please attach additional information as necessary*
Student Name: ____________________________ Date of Birth: ____________

1. Standardized test results (*This information is critical to the decision making process*)

<table>
<thead>
<tr>
<th>Grade</th>
<th>Equivalence</th>
<th>Percentile(s)</th>
<th>Name of Test (ITBS, SBAC, etc.)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading Comprehension</td>
<td>___________</td>
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<td>____________________________</td>
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<td>Reading Recognition</td>
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<td>Mathematics</td>
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<td>____________________________</td>
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<tr>
<td>Reading Fluency</td>
<td>___________</td>
<td>___________</td>
<td>____________________________</td>
<td>__________</td>
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<tr>
<td>Written Expression</td>
<td>___________</td>
<td>___________</td>
<td>____________________________</td>
<td>__________</td>
</tr>
</tbody>
</table>

*Please attach current standardized test scores and report cards. Objective information to verify student’s present levels of performance is required*

2. Describe significant concerns (behavior, social/emotional, academic, communication, motor skills, medical, etc)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. Describe any interventions/supports implemented to address current concerns and the outcome of each:

1) INTERVENTION/SUPPORT: __________________________________________________________________________

________________________________________________________________________

OUTCOME: ________________________________________________________________________________

2) INTERVENTION/SUPPORT: __________________________________________________________________________

________________________________________________________________________

OUTCOME: ________________________________________________________________________________
Please duplicate this form as necessary if student has multiple teachers

Student Name: ___________________________  School: ___________________________

Teacher Name: ___________________________  Grade: _______  Subject: ____________

Length of time acquainted with the student: ___________________________

1. Circle as appropriate:
   - Reading  
     - Below  
     - At  
     - Above  
   - Written Expression  
     - Below  
     - At  
     - Above  
   - Math  
     - Below  
     - At  
     - Above  
   - Work/Study Habits  
     - Below  
     - At  
     - Above  

2. Do non-academic behaviors (impulsivity, off-task, non-compliance, etc.) interfere significantly with student’s learning or with the normal educational processes?
   □ Yes  □ No  Explain: ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. Describe areas where this student has been successful in school or school-related activities
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

4. Please write a summary statement describing the student’s functioning and behavior in your class.
   Attach additional comments, work examples, etc., as needed.
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

RETURN TO _______________  SIGNATURE ___________________________  DATE ___________
Student Name: ___________________________________________ Date of Birth: ______________

Tests Administered: for diagnosis-prescription

- CATS
- Reading Series Placement

Modality Other: ____________________________

INSTRUCTION

- Small group instruction
- Breakdown of tasks into smaller steps
- Individualized classroom instruction
- Modify or shorten assignments
- Individualized directions
- Change grouping of students
- Consultation with specialists/principal
- Hands-on assistance
- Use of more concrete materials
- Individualized worksheets rather than blackboard work, or vise versa
- Add or delete visual cues
- Allow printing vs. cursive, or vice versa
- Taped instructions/books on tape
- Triangular pencil grip
- Use of a tutor
- Provide additional practice time
- Modified grading criteria
- Routine, structured schedules
- Verbal Instructions when written instructions can’t be followed
- Written instructions when verbal instructions can’t be followed
- Typing instruction or program
- Computer instruction
- Desk and chair at appropriate height
- Various types of paper (ruled, graph, colored)
- Clipboard use for assignments
- ESL/ELL support
- Other: ____________________________

PARENT SUPPORT

- Notes home
- Telephone conference
- Parent/teacher/student conference
- Duplicate/Supplementary materials @ home
- Communication between home/school

BUILDING SUPPORT

- Peer Tutors
- Parent Volunteers
- Contracts
- Learning Specialist
- Remedial Programs
  - Chapter 1 / Title 1
  - Speech/Language services
  - Special Education

BEHAVIORS

Discipline

- Clarification of rules
- Study carrel – eliminate distractions
- Move to different seat
- Seat student near teacher’s desk
- Time-out
- Stay after school
- Use of logical consequences
- Refer to principal
- Loss of privileges (recess, computer, etc.)
- In-school suspension

Reinforcers

- Praise (specific and clear)
- Daily effort report
- Weekly effort report
- Reinforce correct responses promptly
- Reward for task initiation/completion
- Positive note sent home
- Modeling of desired behavior
- Learning/behavioral contract
- Student contracts

CONSULT

- Counselor
- School/Community Agency
- School Psychologist
- Private Provider
- Public School District
Student Name: ___________________________________________  Date of Birth: ____________

Observation may be done by any certified teacher or educator other than the teacher conducting the lesson.

**OBSERVATIONAL DATA**

Classroom Observation(s) – include anecdotal records of specific learning behaviors. Please add additional pages as needed.

*Observations need to be objective descriptions of behavior.*

<table>
<thead>
<tr>
<th>DATE</th>
<th>SETTING</th>
<th>BEHAVIOR/OBSERVATION</th>
</tr>
</thead>
</table>

Signature of Certified Educator

(Observer)  Position  Date
**Student Support Services**

**School Nurse**

1 of 1

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**Vision and Hearing Screening**

Student Name: ___________________________  Date of Birth: ___________________________

Have there been any concerns about the child’s vision or hearing in the past?  ☐ Yes  ☐ No

If so, please describe the concerns: ________________________________________________________

Please provide the latest screening or evaluation information.

---

### Vision Screening

Date: ________________  Where did the vision screening occur? __________________________

By whom? ___________________________

Results:

☐ Within normal limits in both eyes

☐ Without corrective lenses  ☐ With corrective lenses

☐ Not within normal limits

Visual acuity (if known)  Right_____  Left_____  Both _____

---

### Hearing Screening

Date: ________________  Where did the hearing screening occur? __________________________

By whom? ___________________________

Results:

☐ Within normal limits in right ear

☐ Within normal limits in left ear

☐ Not within normal limits

Hearing acuity (if known):  Right_____  Left _____
Mercer Island School District
Authorization for Request of Records and Mutual Exchange of Information

Purpose: As a parent, guardian or student, you have the right to give or deny permission for the release or exchange of your/child’s records with other persons or agencies. This document allows you to approve or deny such a request, unless release of records is allowed under one of the exceptions to the Family Education Rights and Privacy Act (FERPA), e.g., transfer of records from one school district to another.

Student Name: ________________________ DOB: ____ School ______________________________

I hereby authorize the release of records:

To/From: Mercer Island School District To/From: ______________________________

__________________________ ______________________________
(Street Address) (Street Address)

__________________________ ______________________________
(City, State, Zip) (City, State, Zip)

__________________________ ______________________________
(Phone/Fax) (Phone/Fax)

Information to be disclosed:

☐ All records regarding this student ☐ Completion of Physician Evaluation Form ☐ Mental health records

☐ Counseling records ☐ Drug/Alcohol records ☐ Test scores and protocols

☐ Consultation (verbal) ☐ Other: ______________________________

The reason for disclosing the record(s) is:

________________________________________________________

Records obtained in response to this request become subject to the federal Family Education Rights and Privacy Act of 1974 (FERPA), which requires prior written consent from the parents of the students before the records may be shared with any other party, except in the case of student transfer to another school system. FERPA also assures parent access to the records of the student upon their request. Please note that if the request is for health or medical information, the medical information received by the district is protected under FERPA privacy standards and not the Health Insurance Portability and Accountability Act (HIPAA).

I understand that the information obtained will be treated in a confidential manner by the school district under the provisions of the FERPA, which prohibits disclosure of personally identifiable information without consent except in limited circumstances. I understand that my consent for the release of records is voluntary and that I may withdraw my consent at any time in writing. Should I withdraw my consent, it does not apply to information that has already been provided under the prior consent for release.

Authorization is provided until ________________ or for one calendar year from date of signature, if not otherwise specified. (Note: for release of medical records, the authorization can be no longer than 90 days from date of signature.)

_________________________________________ ________________________________
(Parent/Guardian/Adult Student Signature) (Date)

Student Signature: ___________________________ Date:__________________________
(Required for release of all drug/alcohol records; mental health records for students 13 years or older; HIV/STD records for students 14 years or older. Preferred but not required in other cases.)

Date records requested: ____