MERCER ISLAND SCHOOL DISTRICT #400
4160 86th AVE SE • Mercer Island, Washington 98040
www.mercerislandschools.org
T: 206-236-3329 F: 206-236-3399
SPECIAL SERVICES

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: _____ (required) Student race: _____ (required) Active military family ☐Yes ☐ No

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

_____

_____

_____

_____

_____

_____

_____

_____

Educational History:

List all schools your child has previously attended:

School(s)	City	State	Grade(s)	Date Entered	Date Withdrawn

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

Mercer Island School District
Special Education Referral and Intake
4160 86th Ave SE
Mercer Island, WA 98040

Special Education
Referral Information

Student Name: _____ Date of Birth: _____

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

	Grade Equivalence	Percentile(s)	Name of Test (ITBS, SBAC, etc.)	Date
Reading Comprehension				
Reading Recognition				
Mathematics				
Reading Fluency				
Written Expression				

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: _____

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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	Grade level norms
Written Expression	Below	At	Above	Grade level norms
Math	Below	At	Above	Grade level norms
Work/Study Habits	Below	At	Above	Grade level norms

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**_____

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Special Education
Intervention List

Teacher

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:_____

CONSULT

_____ Counselor
_____ School/Community Agency
_____ School Psychologist
_____ Private Provider
_____ Public School District

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

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Special Education
Observation Form

Certified Educator

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.

DATE	**SETTING**	**BEHAVIOR/OBSERVATION**

_____ _____ _____
Signature of Certified Educator (Observer) | Position | Date

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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

_____
(Street Address)

_____
(City, State, Zip)

_____
(Phone/Fax)

To/From: _____
(Name of private school)

_____
(Street Address)

_____
(City, State, Zip)

_____
(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 ofthe 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:_____