

**SPECIAL EDUCATION
REFERRAL/REVIEW OF EXISTING EVALUATION DATA/CONSENT FORM**

SECTION I. DEMOGRAPHIC INFORMATION

Name: _____	Review Date: _____
Student ID: _____	Native language of student: _____ <small>(as provided by parent/guardian/surrogate)</small>
DOB: _____ Ethnic code: _____ Sex: _____	Interpreter needed for parent? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address: _____	Complete if student is currently receiving special education:
City: _____ Zip: _____	Last Evaluation Review date: _____
Parent: _____ <small>Parent/Guardian/Surrogate</small>	Last MET date: _____ Last IEP date: _____
Phone: Hm: _____ Wk: _____	Special Education Eligibility Area(s): _____
School: _____ Gr: _____	Special Education Provider(s): _____
District: Oper: _____ Res: _____	

SECTION II: REFERRAL INFORMATION (check all that apply) Date Initial Referral Received: _____

There is reason to believe the student has a suspected disability.

The purpose of the Evaluation Review is to develop a plan for conducting: Initial Evaluation Reevaluation

If initial, the student has been referred by Pre-referral Process Parent Other _____

Reason for referral _____

Parents have been contacted and are aware of concern. By whom _____

Appropriate general education intervention strategies have been implemented (documentation attached).

SECTION III: PARTICIPANTS INVOLVED IN THE EVALUATION REVIEW:

_____ District Representative	_____ Parent/Guardian/Surrogate
_____ Evaluator	_____ Student
_____ Special Education Teacher/Provider	_____ Other/Title
_____ General Education Teacher	_____ Other/Title

SECTION IV: REVIEW OF EXISTING DATA (check all that apply)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Educational history | <input type="checkbox"/> Attendance | <input type="checkbox"/> Discipline record | <input type="checkbox"/> Progress toward general curriculum |
| <input type="checkbox"/> Report cards | <input type="checkbox"/> Classroom accommodations | <input type="checkbox"/> Support services provided | <input type="checkbox"/> Last MET/ Current IEP, if applicable |
| <input type="checkbox"/> District-wide assessments | <input type="checkbox"/> Behavior plans/interventions | <input type="checkbox"/> Health/ Medical information | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Teacher/service provider assessment and observations (required) | | | |

Information and evaluations provided by parent: _____

On the basis of this review and input from the parents, the IEPT determinations that the following additional information, further general education interventions, and/or accommodations should be completed, prior to this initial evaluation for special education eligibility. (Proceed to Section VI)

Follow-up person (s) responsible _____ Projected date for review _____

SECTION V: EVALUATION PLAN

Suspected disability (ies) _____

On the basis of the above review, the educational needs of the child, and input from the student's parents, identify additional data needed to determine the following:

- Whether the student has or continues to have a disability.
- The student's present level of academic performance and related developmental needs.
- Whether the student needs or continues to need special education and related services.
- Whether any additions or modifications to special education and related services are needed to meet IEP goals and participate in general education.

ASSESSMENT AREA

DATA AND ASSESSMENTS NEEDED

(Note observations if required)

<input type="checkbox"/> Achievement	_____
<input type="checkbox"/> Adaptive Skills	_____
<input type="checkbox"/> Cognitive Ability	_____
<input type="checkbox"/> Social/Emotional/Behavior	_____
<input type="checkbox"/> Speech and Language	_____
<input type="checkbox"/> Other	_____
<input type="checkbox"/> Other	_____

NOTICE OF SUFFICIENT DATA

Based on the review of the data and input from the parent, it was determined that no additional data is needed to determine whether the student is or continues to be a student with a disability who has any special education and program needs per rule number 340.17 _____ . State reason (required): _____

SECTION VI: PARENT/ GUARDIAN NOTICE AND CONSENT

Parent input and consent were obtained and contents of this document were explained by:

_____	PERSON/TITLE	_____	DATE
Format:	<input type="checkbox"/> Meeting	<input type="checkbox"/> Phone	<input type="checkbox"/> Letter
	<input type="checkbox"/> Other: _____		

Check both:

- I have received a copy of
 - Procedural safeguards for parents
 - Suggested list of parent organizations
 - Special education program and services available within Wayne County
- I understand the consent of this notice.

AS A RESULT OF THIS EVALUATION REVIEW: (check one)

- I give permission for the evaluation, which will be used to determine/ redetermine eligibility for and recommend appropriate special education programs or services at an Individualized Education Program Team meeting, to which I will be invited to participate.
- I am aware that I have the right to request an evaluation; however, I agree that no additional evaluation is necessary at this time to determine/ redetermine my student's eligibility for special education.
- I agree that additional information, general education interventions, and/ or accommodations should be completed, prior to this initial evaluation for special education eligibility. I understand that another Evaluation Review will occur following the process.
- I do not give permission for the evaluation. Reason: _____

PARENT/ GUARDIAN/ELIGIBLE STUDENT SIGNATURE

DATE

date report sent

INSTRUCTIONS
SPECIAL EDUCATION REFERRAL/REVIEW OF EXISTING EVALUATION DATA/CONSENT FORM

Section I: Demographic Information

- Ethnic Code

OFFICIAL TITLES
Alaskan Native/American Indian
Asian American
Black/ African American
Hispanic/Latino
White
Hawaiian/Pacific Islander

- Is knowledgeable about the general curriculum; and
- Is knowledgeable about the availability of resources of the public agency;
- An individual who can interpret the instructional implications of the evaluation results, who may be a member of the team described in paragraphs (a) (2) through (6) of this section;
- At the discretion of the parent of the agency, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate; and
- If appropriate, the child (see regulation for additional requirements)

Section II: Referral Information

Purpose:

- An initial evaluation is the first time a student is evaluated for purposes of determining eligibility for special education programs/services.
- If a student is evaluated, found not eligible through the IEPT, then referred for special education again at a later date, this should again be considered an initial evaluation for special education.
- If a student is receiving special education programs/services and a new area of eligibility is to be considered (ex: Speech/Language then Learning Disabled) this is considered a reevaluation.
- Date Referral Received _____
For three year evaluations write NA (not applicable) on the line. However, you must identify a referral date when a request has been made for a re-evaluation for a reason other than the required three year evaluation (such as parent or teacher request).

Section IV: Review of Existing Evaluation Data

- The purpose of the review is to review existing data about the student and to ascertain what additional evaluation is needed to determine/redetermine eligibility.
- All appropriate and relevant data should be reviewed during the Evaluation Review in order to assess areas relative to: appropriateness of prior instruction; medical condition and extent of general education interventions, accommodations, and support services provided.
- Michigan monitoring standards require that “Teacher/service provider assessments and observations” be reviewed.
- Information and evaluations provided by the parent should be noted accordingly and a copy of evaluations provided should become part of student’s file.
- Releases of information should be obtained as appropriate for pertinent district personnel to communicate with evaluator/agency.
- At this time, the team may determine the need to assure “appropriate instruction” through general education interventions and/or that other factors need to be addressed/investigated/attempted prior to an initial evaluation for special education. This may be due to considerations such as inconsistent school history; medical impacts; lack of evidence of appropriate instruction; lack of interventions through general education, etc.

If this decision is reached, list the additional activities to be completed and designate a team member as a follow up-person, to initiate a follow-up Evaluation Review. While there is no designated timeline for this process, it should be a mutual decision with the parent. Adequate time must be allowed to investigate/ address the area (s) of discussion yet be within a reasonable timeline to be determined by the team.

Section III: Participants

- Parents must be given the opportunity to participate in the Evaluation Review.
- Participants in an Evaluation Review shall, at a minimum, include all of the following:
 - At least one regular education teacher of the child (if the child is, or may be, participating in the regular education environment);
 - At least one special education teacher of the child, or if appropriate, at least one special education provider of the child;
 - A representative of the public agency who-
 - Is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities;

INSTRUCTIONS

SPECIAL EDUCATION REFERRAL/REVIEW OF EXISTING EVALUATION DATA/CONSENT FORM

Section V: Evaluation Plan

- Based on referral information or previous eligibility, indicate the suspected disability (ies)
- The team must consider all of the bulleted statements in the box and determine if any additional data is needed. Based on that review, the team should indicate the assessment area in the first column that requires additional data, and indicate in the second column what that data is and how it will be obtained. The second column constitutes the evaluation plan for this student.

The identification of additional data needed establishes the appropriate evaluation for each student. Thus it is expected that all identified data will be obtained during the evaluation process.

- In describing additional data needed, the team does not need to identify the specific tests or evaluation materials to produce the data needed. It is only necessary to identify the types of data needed or the nature of the evaluation (s) i.e. academic testing, social history, gross motor evaluation, intellectual assessment.

The purpose of this last statement in this section is to indicate the team's agreement that no additional data is needed to redetermine the student's eligibility category. Complete the statement by writing in the Rule # and title of the student's current disability. When this statement is completed, go directly to Section VI, Parent/ Guardian Notice and Consent.

340.1705 Cognitive Impairment
 340.1706 Emotional Impairment
 340.1707 Hearing Impairment
 340.1708 Visual Impairment
 340.1709 Physical Impairment
 340.1709a Other Health Impairment
 340.1710 Speech & Language Impairment
 340.1711 Early Childhood Developmental Delay
 340.1713 Specific Learning Disability
 340.1714 Severe Multiple Impairment
 340.1715 Autism Spectrum Disorder
 340.1716 Traumatic Brain Injury
 340.1717 Deaf-blindness

Section VI: Parent/Guardian Notice and Consent

- IDEA requires informed parental consent and participation in initial and subsequent determinations of eligibility.
- Indicate the format of the Evaluation Review.
- IDEA states that informed parental consent need not to be obtained for reevaluation IF the agency can demonstrate that reasonable measures have been taken to obtain such consent and the student's parent has failed to respond. Records of attempts to contact parents must be maintained.

- Document by whom and when the procedures were explained to the parent, input was obtained, and their signature was secured.
- Staff must assure that parents receive the Procedural Safeguards and related materials at each Evaluation Review.
- Permission given – proceed with evaluation(s) as indicated. State of Michigan law requires IEP meeting within thirty (30) school days of receipt of consent or Extension Agreement is required.
- Agreement that no additional evaluation is necessary – parent must agree to this decision in writing.
- Agreement to continue general education supports/services – parent must agree to this decision in writing on the Evaluation Review form. A new Evaluation Review will be convened following this process.
- Permission denied – parent should state reason for denial. These cases should be brought to the attention of the administrator.
- Parent may decide and sign at the time of Evaluation Review or choose to consider the recommendations. If parent chooses to consider the recommendations, it is suggested that a two (2) week timeline be set for return of the signed form. The parent should be given a copy of the Evaluation Review form to take home, (not the original) and the Procedural Safeguards.
- Date Report Sent- document the date the report is sent to the parent if the parent does not participate in the meeting or if the review is conducted without a meeting.