Bellingham Public Schools
a collective commitment

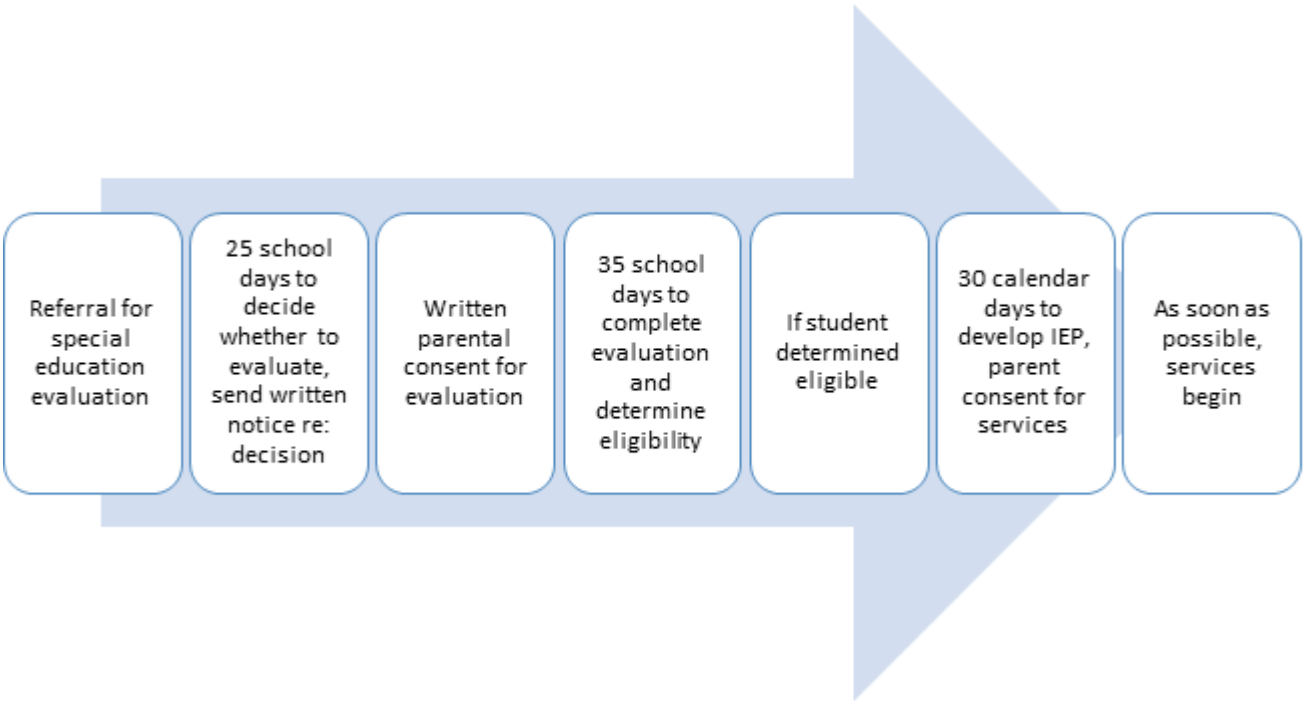
REFERRAL FOR SPECIAL EDUCATION EVALUATION

Each school district in the state of Washington has a duty to locate students residing within the district who are aged 3 through 21, who might be in need of Special Education services. This responsibility is called "child find."

If at any time you believe your student or any student you may know or work with might have a disability that is impacting their ability to access their education and may need Special Education services, you can contact someone at your student's school and/or at your school district central office to request that your student be evaluated for Special Education. Your request needs to be in writing and can be on **the form below** or can be submitted via email or handwritten note.
The school district must make a decision whether or not to evaluate and notify the parent or guardian within 25 school days with a prior written notice.

Please turn in your request for evaluation, using this form or any other written format, to the principal or office staff in your child's school in hard copy or via email.

Timelines for Referral, Initial Evaluation, and Initial Individualized Education Program (IEP)



REFERRAL FOR SPECIAL EDUCATION EVALUATION

Date: _____

I would like to request a Special Education evaluation for the following student:

Student name: _____ Birthdate: _____

School name (if in school): _____ Grade: _____ Age: _____

My name: _____ My relationship to the student: _____

Phone: _____ Email: _____

Language(s) spoken in the home: _____

Has this student been evaluated for Special Education in the past? ☐ Yes ☐ No ☐ I do not know

If yes, when and where was the evaluation? _____ ☐ I do not know

My concerns for the student are: *(check all that apply)*	
Academic Concerns	**Physical/Behavioral Concerns**
☐ Reading or understanding what is read ☐ Writing (putting thoughts/ideas into written words and sentences) ☐ Math (calculating or problem solving) ☐ Following directions ☐ Putting thoughts into spoken words (expressive communication) ☐ Understanding spoken words (receptive communication) ☐ Pronouncing words and sounds (articulation)	☐ Attention and concentration ☐ Complying with adult directives ☐ Easily frustrated ☐ Extreme mood swings ☐ Social/peer interaction skills ☐ Motivational issues ☐ Physical/motor concerns (e.g., holding a pencil, walking upstairs, bouncing a ball, etc.) ☐ Adaptive skills (e.g., toileting, hygiene, personal safety skills, managing money, etc.) ☐ School attendance issues
☐ Other:	☐ Other:
☐ Other:	☐ Other:
☐ Other:	☐ Other:

In the sections below, please provide additional information that you would like the district to know. This information is not required, but would be helpful to the district when determining whether to evaluate.

Tell us more about your concerns for the student. Where do you see the student struggling?

What has already been tried to help the student? *Examples could include interventions implemented as part of a multi-tiered system of supports (MTSS), Learning Assistance Program (LAP), Title I, etc.*	
Support	**How did this support help the student?**
☐ Tutoring	
☐ Small group instruction	
☐ Behavior plan	
☐ Other:	
☐ Other:	

Is there medical or health information about the student that the district should know? Does the student take any medications?

Is there any other information you would like to share? Is there any paperwork or other records you can share?

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