



Livermore Valley Joint Unified School District

Special Education

685 East Jack London Boulevard, Livermore, CA 94551

Telephone (925) 606-3225 Fax (925) 606-3443

Dear Parents/ Guardians,

Thank you for contacting the Livermore Valley Joint Unified School District regarding a request for an assessment to determine Special Education eligibility for your child.

You must meet the following criteria to continue:

- Child is 3 years or older at the time of registration
- Child is under 3 years old **and** receiving services or is referred by the Regional Center
- Child lives within the Livermore District boundaries and attends a private school.

In order to register your child for an assessment, you must complete the following steps:

1. Complete the online registration for the current school year at [New Student Registration](https://www.livermoreschools.org/departments/educational-services/student-services/enrollment-transfers/new-student-enrollment) (<https://www.livermoreschools.org/departments/educational-services/student-services/enrollment-transfers/new-student-enrollment>).
 - a. You will be directed to create an account and start a new student form. For the grade option, please choose “PK Special Ed Preschool” **or** “PK Speech Only”. When you get to the section Special Education, please select “**yes**” in order to move forward with the registration. Once you have completed the online registration you will receive a confirmation email.
2. Once you have received the confirmation email, please bring the Required documents **including immunization records** to the Special Education Department at the District Office ([Required Original Documents](#))(pg.2).
 - a. Our office is open from 8:00am-4:30pm Monday through Friday.
 - b. If your child is receiving services from Regional Center, you may drop off registration packet to Leo Croce Elementary: 5650 Scenic Ave, Livermore, CA 94551 or the District Office.
3. Complete the Student Health History Form (pg. 3)

[Student Health History Form \(English\)](#)

[Student Health History Form \(Spanish\)](#)
4. Complete the Special Education Assessment Questionnaire (pg.4)

Once the Special Education Department has received all of the required documents, and verified that the online registration has been completed, the referral will be sent to the appropriate assessor(s) and you will be contacted within 15 calendar days. Please feel free to contact the Special Education Department at 925-606-3232 if you have any questions.

Thank you,
The Special Education Department
(925) 606-3232

Source: California Department of Education Code- EDC 56043

The School District has 15 calendar days from the date of a referral to develop and propose an assessment plan.

The 60-Day Timeline: Following a written referral and parental consent, the school district has 60 days to complete the assessments.

Updated August 2026

Required Documents for New Student Enrollment

The following documents are required for NEW student enrollment. **Please provide originals only.** All items will be verified and immediately returned.

One Proof of Birth Date

- Birth certificate (preferred)
- Passport
- Statement by local registrar or county recorder certifying date of birth

One Parent/Guardian Picture ID

- Driver's license
- California-issued ID
- Passport

One of the following Proof of Residence from the list below:

- Current mortgage statement (escrow papers that show close of sale no later than seven days after the student's first day of school)
- Property tax bill
- Lease/rental agreement including property address, name of occupants, and signatures of both parties

AND, One Proof of Residence from the list below:

- Current PG&E bill with name and address listed
- Current garbage bill with name and address listed
- Current cable bill with name and address listed
- Current water bill with name and address listed

ALSO, Proof of Immunizations

In addition to the documents above, please provide an original and copy of the most current immunization record **signed or stamped by a doctor**. See links below for required immunizations.

[Required Immunizations \(English\)](#)

[Vacunas Necesarias \(Enlace en Español/Spanish Link\)](#)



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STUDENT HEALTH HISTORY

STUDENT NAME: _____ BIRTHDATE: _____ BIRTHPLACE: _____

CURRENT DOCTOR: _____ CURRENT DENTIST: _____

Child's Current Health Status: Poor: _____ Fair: _____ Good: _____ Excellent: _____

Parent/guardian: Please circle "YES" or "NO" and describe condition if "YES":

Yes No ALLERGIES?: Seasonal: _____ Food: _____ Medication: _____
Other Allergens?: _____

Yes No Regular MEDICATION(S) (Besides vitamins)?: Name, Dose, Frequency? _____

Yes No Problems at birth or in infancy?: _____

Yes No HOSPITALIZATION(S)/SURGERY: Date/Reason?: _____

Yes No DEVELOPMENTAL Problems?: _____

Yes No CURRENT BEHAVIORAL Problems?: _____

Yes No EMOTIONAL Issues?: _____

Yes No HEARING Problems?: _____

Yes No VISION Problems?: _____

Yes No HEADACHES: Type/Frequency?: _____

Yes No HEART PROBLEMS or Defect?: _____ Restrictions?: _____

Yes No ASTHMA?: _____

Yes No DIABETES: Type 1 or 2? Medication and method of delivery?: _____

Yes No SEIZURES or CONVULSIONS?: _____

Yes No PHYSICAL DISABILITY?: _____

Yes No DIGESTIVE PROBLEMS? _____

OTHER HEALTH CONCERNS/ISSUES?:

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

If your student has a life-threatening health condition or allergy, please contact your school nurse for health care planning at school. <http://www.livermoreschools.org/healthservices>



Special Education Assessment Questionnaire

Online Registration Complete and Confirmation Received? ☐ YES ☐ NO

Student Information

Student Name: _____

Date of Birth: _____

Age: _____

Gender: _____

Current School of Attendance: _____ Current Grade: _____

Primary Language: _____

Parent/ Guardian Information

Parent/Guardian Name: _____

Telephone Number: _____

Address: _____

What is your area of concern? _____

Person making the referral: _____

When was the concern first noted and by whom? _____

Is the child aware of the concern? ☐ YES ☐ NO

If yes, how do they feel about it? _____

At what age did your child begin to talk? _____

Do you understand your child? ☐ YES ☐ NO

How does your child communicate? (Check all that apply) ☐ Words ☐ Gestures ☐ Signing

☐ Does not communicate

Additional Information: _____

In order to better understand the area of concern, please check all the boxes that apply:

	Never	Sometimes	Always
Trouble making sounds	☐	☐	☐
Difficulty being understood	☐	☐	☐
Difficulty understanding what is said	☐	☐	☐
Difficulty following directions	☐	☐	☐
Difficulty putting words together to express themselves	☐	☐	☐
Difficulty answering questions appropriately	☐	☐	☐
Does your child imitate actions when shown how to do something?	☐	☐	☐
Does your child play with toys?	☐	☐	☐

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	Never	Sometimes	Always
Does your child listen to a story?	☐	☐	☐
Does your child use a mobility device?	☐	☐	☐
Does your child walk?	☐	☐	☐

	Yes	No
Does your child wear glasses?	☐	☐
Does your child have hearing loss?	☐	☐
Does your child wear hearing aids?	☐	☐
Are there any medical diagnosis?	☐	☐

Please explain: _____

Has your child had multiple ear infections? If yes, how frequently? _____

Is your child toilet trained? ☐ YES ☐ NO

Are there any other agencies or clinics involved (e.g. Regional Center)? If yes, please list them: _____

Are there previous reports and assessments that may be useful for screening your child?

What is the primary language spoken at home? _____

Does your child have difficulty in their primary language as well as English? ☐ YES ☐ NO

Do you have any additional comments or information you would like to share? _____

For Office Use Only:

Assessment Registration Received by: _____ Date: _____

☐ Full Team Assessment	☐ Sent to Psychologist	☐ ISP
☐ Speech Only Assessment	☐ Sent to Speech Pathologist	☐ Regional Center
☐ Bilingual Assessment	☐ Previous IEP: _____	☐ Private School
☐ Previous Assessment: _____		

Notes: _____
