



Sample Request for Special Education Assessment

Mrs. Sheila Smith, SELPA Director
Happy Valley Unified School District

Re: Victor Doe

DOB: January 1, 2006

Medical Record #: 9999999

October 1, 2013

Dear Mrs. Smith:

I am writing to refer my patient for assessment to determine eligibility for special education services and support.

Current School/Child Care Setting: *Happy Valley Elementary School, first grade.*

Reason for Referral: *Victor is only speaking in two-word sentences. His mother notices that his drawing is less sophisticated than his brother's. He has few friends and his teachers are sending him out of class on a weekly basis due to behavior. I have started an evaluation with a CBC and lead screening. He had a normal hearing and vision screen in the office. His growth, physical exam, and labs have all been normal since birth. He was a 34-week premature infant, 2200 grams, with an uncomplicated neonatal ICU course. His development was normal until age two and he has been out of care until recently.*

I request that the Local Unified School District assess this child in all areas of suspected disability for an Individualized Education Program or for accommodations or program modifications under Section 504. This includes:

- | | |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Cognitive Development/Thinking Strategies | <input checked="" type="checkbox"/> Motor/Perceptual Development |
| <input checked="" type="checkbox"/> Communication Development | <input checked="" type="checkbox"/> Social/Emotional/Adaptive Behavior |
| <input checked="" type="checkbox"/> Educational/Academic | <input type="checkbox"/> Other: |

I understand that all children are entitled to a free appropriate public education in the least restrictive environment. I have informed the child's parents that they will receive an assessment plan in 15 days. I have asked them to sign and return the assessment plan promptly so that the IEP meeting can be scheduled within 60 days after the assessment plan is returned to you.

Please inform me of the results of these assessments and send me copies of any resulting IEP. (I plan) / do not plan to attend the IEP.

I have enclosed the following:

- Signed HIPPA release form
- Copies of completed evaluation components, including dates and results
- Medical summary
- Other relevant assessments, notes and reports: *Growth chart, discharge summary from birth, CBC and lead results, hearing and vision screen results, copies of his ASQ and CHAT developmental screening tests from ages 9 months, 24 months, 30 months.*

Sincerely yours,

R. Friend, MD

Dr. R. Friend

Revised: 11.15.13

