

Request for Regional Services and/or Evaluation for Eligibility

<input type="checkbox"/> New Referral		<input type="checkbox"/> Move-in-Referral		SSID #		District Student ID:	
Student Name:						Date of Birth:	
Attending School:				Attending District:			
Resident School:				Resident District:			
Grade:		Age:		Gender:		Primary Language:	
Parent/Guardian:							
Address:							
Phone:		Cell Phone:		Email:			
Primary Eligibility:		Secondary Code 1:		Secondary Code 2:		Secondary Code 3:	
Case Manager:				Email:		Phone:	
Date Parent Consent Signed:				Eligibility meeting to be held on or prior to:			
Current IEP: <input type="checkbox"/> NO <input type="checkbox"/> Yes - Date:				Current IEP Annual Review Due Date:			

<p>Request for WESD Evaluations:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Audiological Evaluation <input type="checkbox"/> Augmentative Communication/Assistive Technology <input type="checkbox"/> Autism Spectrum Disorder Communication Evaluation to be completed by: _____ <input type="checkbox"/> Functional Vision Evaluation (please send eye examination report with referral) <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy For OT or PT evaluation, please list current diagnosis, if applicable: _____ <input type="checkbox"/> Traumatic Brain Injury 	<p>Request for WESD Regional Services:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Augmentative Communication/Assistive Technology <input type="checkbox"/> Autism Spectrum Disorder Services <input type="checkbox"/> Deaf/Hard of Hearing Services <input type="checkbox"/> OT- Motor Services <input type="checkbox"/> PT- Motor Services <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Vision Services <input type="checkbox"/> Other- provide detailed explanation
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**Please submit referral and any accompanying documentation to:
Special Education Director or delegate**

Referral Authorized By:	Phone:	Date:
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Reason for Referral/Additional Information:

The Case Manager is responsible for providing student file information and Consent to Evaluate to the Regional Specialist.

Office use only			
WESD Evaluator Assigned:	WESD Evaluator Assigned:	WESD Evaluator Assigned:	WESD Evaluator Assigned:
Assigned By: Date:	Assigned By: Date:	Assigned By: Date:	Assigned By: Date:

Supporting Documents

Autism Spectrum Disorder Services

The following is to be completed by the district and must accompany a Referral for eligibility determination:

- Copy of the signed Consent for Evaluation for:
 - Behavioral observations
 - File review
 - ASD Rating Scale
 - Developmental Profile
 - Team/Parent Interviews

Copies of any prior assessments that led to this referral such as: communication Disorder evaluation, psychological report, autism screening checklist, IFSP/IEP, observation notes, etc.

For students who have moved into the district with a current ASD eligibility (82), the following should be attached to the referral:

- Eligibility Statement
- Signed Medical Statement
- Current IFSP/IEP
- Current communication evaluation report
- Psycho educational report, if available
- Developmental Profile
- Medical Statement or Health Assessment
- Documentation of behavioral observations
- Autism Behavior Checklist

Deaf/Hard of Hearing Services

The following is to be completed by the district and must accompany a Referral for eligibility determination:

- Copy of the signed Consent for Evaluation for:
 - Classroom observation
 - File review
 - Observation/Questionnaire forms
- Two failed hearing screenings OR a current audiological assessment OR wearing hearing aids, i.e. move-in from another district, etc.

The following is to be completed prior to the initial eligibility meeting (this can be obtained by the district or our office):

- Physician's Statement

For students who have moved into the district with a current HI eligibility (20), the following should be attached to the referral:

- Eligibility Statement
- Signed Medical Statement
- Current IFSP/IEP
- Current Audiological Evaluation Report

Vision Services

The following is to be completed by the district and must accompany a Referral for eligibility determination:

- Copy of the signed Consent for Evaluation for:
 - Classroom observation
 - Functional Vision Assessment
- Copy of an Eye Report from an ophthalmologist or optometrist

For students who have moved into the district with a current VI eligibility (40), the following should be attached to the referral:

- Eligibility Statement
- Signed Eye Report from an ophthalmologist or optometrist
- Signed Functional Vision Report
- Current IFSP/IEP

Orthopedic Services

The following is to be completed by the district and must accompany a Referral for eligibility determination:

- Copy of the signed Consent for Evaluation for:
 - Classroom observation
 - File review
 - EI/ECSE Age: PDMS-2; OREST
 - School Age: Functional Motor Assessment; OREST
 - Feeding Evaluation (if applicable)
 - Sensory Evaluation (if applicable)

For students who have moved into the district with a current OI eligibility, the following should be attached to the referral:

- copy of the signed Consent for Evaluation
- Signed Physician's Statement or medical report which includes diagnosis with physician's signature
- Current IFSP/IEP (services can be added when eligible)
- Statement of Eligibility-Orthopedic Impairment (70)