



# Mobile County

## PUBLIC SCHOOLS

**File includes the following documents:**

Referral for Evaluation

Special Education Process- Referral through IEP  
Implementation

IEP Team Membership

Reevaluation to Determine Continued Eligibility

# REFERRAL FOR EVALUATION

Date Received: \_\_\_\_\_

## STUDENT INFORMATION

Student's Complete Legal Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School/Service Provider: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

\_\_\_\_\_ Phone Contact Name: \_\_\_\_\_

\_\_\_\_\_ Other Phone (Opt.): \_\_\_\_\_

Primary Language in Home: \_\_\_\_\_ Phone Contact Name: \_\_\_\_\_

Type of Referral: (Select one that represents the type of referral for the student.)

From Early Intervention       Parent       School Based

Person Referring: \_\_\_\_\_ Position: \_\_\_\_\_

**Reason for Referral (List specific concerns):**

\_\_\_\_\_  
\_\_\_\_\_

**The referral is based on concerns checked below and/or continuing concerns following interventions:**

### INSTRUCTIONAL CONCERNS

### BEHAVIORAL CONCERNS

- |  |  |
|--|--|
| <input type="checkbox"/> Poor progress acquiring pre-literacy skills   | <input type="checkbox"/> Poor attention and concentration        |
| <input type="checkbox"/> Poor progress acquiring basic reading skills  | <input type="checkbox"/> Noncompliance with teacher directives   |
| <input type="checkbox"/> Poor progress acquiring pre-numeracy skills   | <input type="checkbox"/> Excessively high/low activity level     |
| <input type="checkbox"/> Poor progress acquiring basic math skills     | <input type="checkbox"/> Difficulty following directions         |
| <input type="checkbox"/> Difficulty producing written work             | <input type="checkbox"/> Easily frustrated                       |
| <input type="checkbox"/> Few appropriate cognitive learning strategies | <input type="checkbox"/> Extreme mood swings                     |
| <input type="checkbox"/> Poor progress acquiring communication skills  | <input type="checkbox"/> Difficulty working with peers           |
| <input type="checkbox"/> Difficulty producing speech sounds            | <input type="checkbox"/> Difficulty staying on task              |
| <input type="checkbox"/> Other _____                                   | <input type="checkbox"/> Limited adaptive behavioral skills      |
| <input type="checkbox"/> Other _____                                   | <input type="checkbox"/> Inappropriate social interaction skills |
| <input type="checkbox"/> Other _____                                   | <input type="checkbox"/> Other _____                             |
| <input type="checkbox"/> None  | <input type="checkbox"/> None                                    |

## MEDICAL INFORMATION

- Does the student exhibit any signs of health, orthopedic, or medical problems? If yes, what?  Yes  No  
\_\_\_\_\_
- Does this student exhibit any behaviors in the classroom which might indicate vision or hearing problems? If yes, what?  Yes  No  
\_\_\_\_\_
- Does student currently wear glasses?  Yes  No
- Does student currently wear a hearing aid?  Yes  No
- Is the student receiving any medication at school and/or at home? If yes, what?  Yes  No  
\_\_\_\_\_
- Does this student currently use an assistive technology device? If yes, what?  Yes  No  
\_\_\_\_\_

**HISTORICAL INFORMATION**

Have the following been considered?

- 1. Latest report card.  Yes  No  NA
- 2. Cumulative records containing grades and attendance.  Yes  No  NA
- 3. Current work samples.  Yes  No  NA
- 4. Current interventions and supporting documentation.  Yes  No  NA
- 5. Other relevant information (from parent/school/other agencies).  Yes  No  NA

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6. Relevant evaluations including state assessment results.  Yes  No  NA

- 7. Student's grades have:
  - Improved each year
  - Stayed about the same each year
  - Declined each year
  - Dropped suddenly
  - Data not available
- 8. Student's grades in the indicated area(s) of concern are:
  - Above Average
  - Average
  - Below Average
  - Data not available

9. Compared to last year, this student has been absent:  More  Less  About the same  NA

10. Out of \_\_\_\_\_ school days for year to date, the student has been:

- Absent \_\_\_\_\_ days
- Tardy \_\_\_\_\_ times
- Checked out \_\_\_\_\_ times
- Failing to attend class(es) \_\_\_\_\_ times

11. Has this student ever repeated a grade(s)? If yes, which one(s)/how many times?  Yes  No  NA

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12. Has this student been suspended or expelled for disciplinary reasons during the current school year? If yes, explain.  Yes  No  NA

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13. Has this student been previously referred for special education services? If yes, note previous referral date.  Yes  No  NA

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14. Did this student qualify for special education services?  Yes  No  NA

15. Has the student received other services such as, Title I, Migrant, 504, EL, etc.? If yes, which ones?  Yes  No  NA

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## ENVIRONMENTAL, CULTURAL, AND/OR ECONOMIC CONCERNS

Use this checklist:

- (1) To determine factors impacting a student's learning and therefore excluding him/her from being identified as a student with a disability.
- (2) To determine whether or not a student needs to be administered a non-traditional intelligence test if there is environmental, language, cultural, and/or economic concerns checked.
- (3) To consider if there has been a lack of appropriate instruction in reading and/or math

### **Check each that applies to student.**

- Limited experiential background
- Irregular attendance (for reasons other than verified personal illness)
- Transience in school years
- Home responsibilities interfere with learning activities.
- Lack of proficiency in any language (a discrepancy of two or more grade levels or years between the student's grade level or age in language and ability).
- Nonstandard English constituting a barrier to learning (only a foreign language or nonstandard English spoken at home, the language of the home exhibits strong dialectal differences)
- Limited opportunity to acquire depth in English (English not spoken in the home, transience due to migrant employment of family, dialectal differences acting as a barrier to learning).
- Limited cultural experiences (student does not participate in community activities).
- The student receives other services such as Title I, Migrant, 504, EL, etc.
- Limited participation in supplemental organized learning opportunities, e.g., preschool, Head Start, after school programs

- NONE OF THE ABOVE APPLY**

**FOR IEP TEAM USE ONLY**

Details on the Eligibility Report to contain data-based documentation (RTI and PST interventions) for questions 1 – 3 (prong 1) and questions 4 – 7 (prong 2). (Questions 4 – 7 may be waived for a child who has severe problems that require immediate attention, a preschool child, a child with articulation, voice, or fluency problems only, a child with a medical diagnosis of traumatic brain injury, and a parent referral.) See AAC 290-8-9.03(10)(d)4.

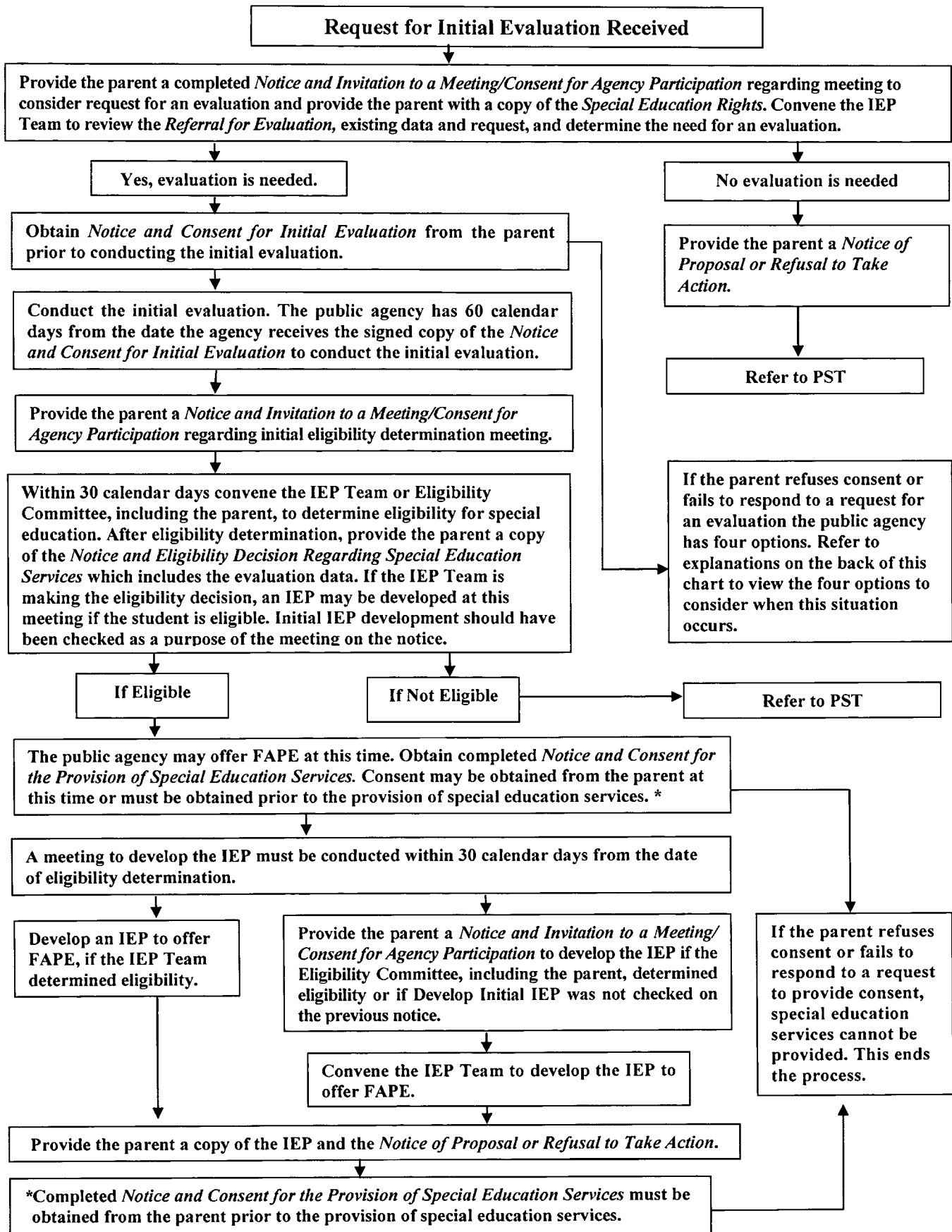
- |                              |                             |                             |   |
|------------------------------|-----------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |                             | 1. Does data-based documentation support that the child was provided appropriate instruction in regular education settings by qualified personnel, or for a preschool child, participation in age-appropriate activities? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |                             | 2. Does the reason(s) for the referral have a direct impact on the child's educational performance, or for a preschool child, participation in age-appropriate activities?  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 3. Does the child make insufficient progress in meeting age or state approved grade level standards in areas of suspected disability? (NA for preschool only)   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 4. Does data-based documentation of progress monitoring demonstrate valid implementation of intervention(s)? (NA for preschool only)  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 5. Does data-based documentation demonstrate repeated assessment of achievement at reasonable intervals from multiple sources for the referral concern(s)? (NA for preschool only)  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 6. Does data-based documentation demonstrate the ineffectiveness of the intervention(s) for the referral concern(s)? (NA for preschool only)  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 7. Does documentation demonstrate that progress monitoring data was provided to the child's parent(s)?  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |                             | 8. Does the documented data overall support the referral concern(s)?  |

**IEP TEAM RECOMMENDATIONS**

- ACCEPTED FOR EVALUATION.** Education agency must obtain a signed *Notice and Consent for Initial Evaluation* prior to conducting the evaluation.
- NOT ACCEPTED FOR EVALUATION.** Education agency must provide the parent with *Notice of Proposal or Refusal to Take Action*.

POSITION	IEP TEAM MEMBER'S	IEP TEAM MEMBER'S SIGNATURE	DATE
Parent		_____	_____
Parent		_____	_____
General Education Teacher		_____	_____
Special Education Teacher		_____	_____
LEA Representative		_____	_____
Someone Who Can Interpret The Instructional Implications Of The Evaluation Results		_____	_____
Student		_____	_____
		_____	_____

**Process Chart 1  
SPECIAL EDUCATION PROCESS  
Referral Through IEP Implementation**



**PROCESS CHART 1  
SPECIAL EDUCATION PROCESS**

**Referral Through IEP Implementation**

**Things to Remember When Going Through This Process**

**REMEMBER:**

1. Existing data includes any information collected prior to a referral: progress monitoring information; concerns of parent, teachers, and the student; etc.
2. If a parent refuses consent or fails to respond to a request to provide consent for the initial evaluation, the IEP Team has the following four options:
  - a. The IEP Team may request that the parent participate in a conference to discuss his/her decision.
  - b. The public agency may ask for mediation from the ALSDE.
  - c. The public agency may initiate a due process hearing to have an impartial hearing officer to order an initial evaluation to be conducted over the parent's objections.
  - d. The public agency may decide to accept the parent's refusal.

Note: If a parent of a child who is home schooled or placed in a private school by a parent at his/her own expense does not provide consent for the initial evaluation, or the parent fails to respond to a request to provide consent, the public agency may not use the mediation and/or due process to override procedures and the public agency is not required to consider the child as eligible for services.
3. The AAC requires minimum evaluative components to determine eligibility. It is the responsibility of the IEP Team to determine if additional evaluation data are needed.
4. Upon completion of the evaluation, a team of qualified professionals (Eligibility Committee), which includes the parent or the IEP Team, must determine if the student has a disability and if the student is in need of special education (specially designed instruction) and related services.
5. The public agency has 60 calendar days from the date of receipt of the signed copy of the *Notice and Consent for Initial Evaluation* to conduct the initial evaluation. The public agency has 30 calendar days from the completion of all evaluations to determine whether the student is a student with a disability. Public agencies should document the date the agency receives the signed *Notice and Consent for Initial Evaluation* from the parent. If a student is determined to be eligible, a meeting to develop the IEP must be conducted within 30 calendar days from the date of eligibility determination.
6. For a transfer student who entered the process in one public agency before the initial evaluation was completed in the previous agency, the parent and the receiving public agency may agree to a specific timeline. The agreed upon timeline must be documented in writing on the *Initial or Reevaluation Written Agreement(s) Between the Parent and the Public Agency* form.

If a parent refuses to give consent or for the provision of services, the process ends. If the parent fails to respond to a request to provide consent the public agency must document at least two attempts to obtain consent. The public agency may not initiate a due process hearing to override the parent's refusal to give consent for the provision of special education services.

## IEP TEAM MEMBERSHIP

The **IEP Team** is composed of the following:

AAC pages 525-526 (3) (a-i)

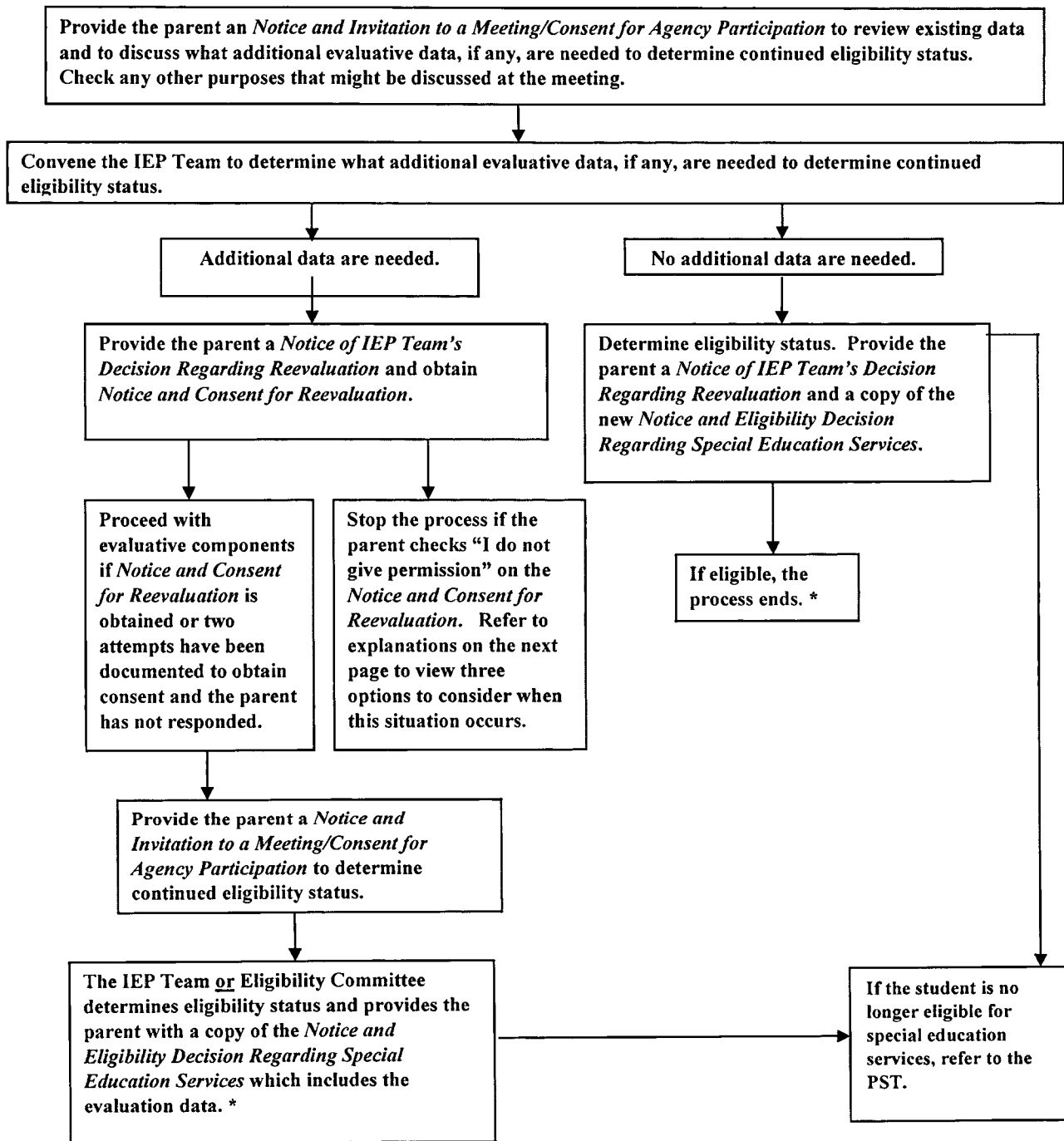
1. **The Parent of the student with a disability.**
2. **Not less than one regular education teacher of the student** if the student is or may be participating in the regular education environment. The regular education teacher must, to the extent appropriate, participate in the development, review, and revision of the student's IEP, including assisting in the determination of appropriate positive behavioral interventions and supports and other strategies for the student and the determination of supplementary aids and services, program modifications, and supports for school personnel.
3. **Not less than one special education teacher of the student** or, where appropriate, not less than one special education provider of the student.
4. **\*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 students with disabilities; is knowledgeable about the general education curriculum; and is knowledgeable about the availability of resources of the public agency; has the authority to commit agency resources and be able to ensure that IEP services will be provided. A public agency may designate a public agency member of the IEP Team to also serve as the agency representative, if the criteria for serving as a public agency representative are met.
5. **\*An individual who can interpret the instructional implications of evaluation results**, who may be a member of the IEP Team that is described in this section of required members of an IEP Team.
6. **At the discretion of the parent or the agency**, other individuals who have knowledge or special expertise regarding the student, including related services personnel, as appropriate. The determination of the knowledge or special expertise of any individual is made by the party (parents or public agency) who invites the individual to be a member of the IEP Team.
7. **Whenever appropriate, the student with a disability.**
8. **Career/Technical Representative.** A representative of career/technical education must be included as a member of the IEP Team for those children with disabilities who have been referred for, or are currently receiving career/technical education. *Children with disabilities must receive a career/technical assessment prior to or as a part of the career/technical placement process as prescribed by the Alabama Career/Technical Education Standards for Quality Programs in Secondary Schools.* The IEP of each secondary child with a disability must show any career/technical education program involvement, as well as needed accommodations and/or modifications made in the program.
9. **Secondary Transition Services Participants.** In addition to the participants specified above, if a purpose of the meeting is the consideration of the postsecondary goals for the student and the transition services needed to assist the student in reaching those goals, the public agency must invite the student and, with the consent of the parent or a student who has reached the age of majority, a representative of any other agency that is likely to be responsible for providing or paying for transition services. If the student does not attend the IEP Team meeting, the public agency must take other steps to ensure that the student's preferences and interests are considered.
10. **Early Intervention Representatives.** In the case of a child who was previously served under Part C/Early Intervention (EI), an invitation to the initial IEP Team meeting must, at the request of the parent, be sent to the EI service coordinator or other representatives of the EI system to assist with the smooth transition of services.

\*If an IEP Team Member is serving in two positions at a meeting (e.g., special education teacher is also serving as someone who can interpret the instructional implications of the evaluation results) he/she should sign his/her name by each position he/she is representing



Process Chart 2

REEVALUATION TO DETERMINE CONTINUED ELIGIBILITY



\*If the IEP Team needs to revise the IEP, go to the process with where the current IEP is and amend as appropriate.

## PROCESS CHART 2

### REEVALUATION TO DETERMINE CONTINUED ELIGIBILITY

#### Things to Remember When Going Through This Process

#### REMEMBER:

1. A reevaluation of a student must occur at least once every three years unless the parent or student (age 19 and older) and the public agency agree that a reevaluation is not necessary. To determine the three-year due date, use the signature date on the *Notice and Eligibility Decision Regarding Special Education Services*.
2. The two attempts documented on the *Notice and Invitation to a Meeting/Consent for Agency Participation* cannot be used as the two attempts to obtain *Notice and Consent for Reevaluation*.
3. If the parent or student (age 19 and older) fails to respond to a request to provide consent for the reevaluation, the public agency may proceed with the evaluation as long as it has made two documented attempts.
4. If the parent or student (age 19 and older) refuses to provide consent for the reevaluation, the IEP Team has three options:
  - The IEP Team may request that the parent or student (age 19 and older) participate in a conference to discuss his/her decision.
  - The IEP Team may reconsider whether or not the additional evaluative data are absolutely necessary in order to make a decision regarding continued eligibility.
  - The public agency may ask for mediation from the ALSDE or the public agency may initiate a due process hearing in order to have an impartial hearing officer to order a reevaluation to be administered over the parent's or student's (age 19 and older) objection but is not required to do so. The public agency does not violate its child find or evaluation obligations if it declines to pursue the evaluation.

Note: If a parent of a student who is home schooled or placed in a private school by the parent at his/her own expense does not provide consent for the reevaluation, or the parent fails to respond to a request to provide consent, the public agency may not use the mediation and/or due process override procedures; and the public agency is not required to consider the student as eligible for services.

5. A new eligibility report must be completed each time the student is reevaluated for continued eligibility.