



PUBLIC SCHOOLS OF NORTH CAROLINA

State Board of Education | Department of Public Instruction

Individualized Education Programs

Module #2: Initial Referral

Consent for Evaluation/Reevaluation

Initial Referral

Special Education Referral: School Age

Special Education Referral: Pre-School

Initial Referrals

Should Be Considered When...

- An LEA suspects that a child has a disability under the IDEA
- A child has transferred to an NC LEA from out-of-state with an IEP
- A parent submits a written request for initial referral for eligibility for special education services

School Age and Preschool Referrals

Similarities

- Student Demographics
- Parent/Guardian Information
- Vision Screening (if available)
- Hearing Screening (if available)
- Student Strengths
- Review of Existing Data
- Reason for Referral
- IEP Team Decision

Differences

- Academic Areas vs. Pre-Academic Skills
- Educational Setting (Pre-School/Daycare)
- Referral Source
 - Early Intervention
 - School Personnel

Section 1: Discussion of Student Strengths

Section I: Discussion of Student Strengths

School Age

- Reading
- Math
- Written Language
- Functional Skills
- Behavior/Social Skills
- Communication Skills

Pre-School

- Cognitive/Thinking Skills
- Emotional/Social Skills
- Communication
- Sensorimotor
- Adaptive

Section II: Review of Existing Data

Section II: Review of Existing Data

School Age

- Results of local and state assessment
- Past and current grades
- Documentation of the scientific research-based interventions implemented to address the targeted academic, behavioral, and/or functional areas of need
- Information provided by parent
- Observational data
- Additional information reviewed from other sources

Pre-School

- Early history and all relevant medical/health information
- Local screening data
- Instructional practices/interventions

Vision Screening

Is there existing Vision Screening data available? Yes No

Date:		<input type="radio"/> Pass	<input type="radio"/> Fail			Vision Screening Results Obtained:	
Far	Right		Left			<input type="checkbox"/> With Glasses or Corrective Lenses	
Near	Right		Left			<input type="checkbox"/> Without Glasses or Corrective Lenses	
Both							
Comments:							

Hearing Screening

Is there existing Hearing Screening data available? Yes No

Date:		<input type="radio"/> Pass	<input type="radio"/> Fail	dB (Intensity Level)		Hz (Frequencies)	
Comments:							

Existing Evaluation and Screening Data

Assessment Area	Summary of Required Screenings and Evaluations (Existing data only). Any new assessment or screening for the purposes of eligibility determination requires parent/guardian/student consent.

Section III: Reason for Referral

III. Reason(s) for Referral/Areas of Suspected Need

Based on the existing available data, the following targeted areas of academic, behavioral, and/or functional need are noted by the team:

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Section IV: IEP Team Determination

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- No evaluation will be conducted based on the review of existing data. The referral to special education ends.**

Explain decision not to evaluate:

- Eligibility for special education and related services is being determined by existing evaluation data made available to the IEP Team through the *Special Education Referral*. NO additional evaluation(s) are needed to determine eligibility.**

Assessment information and evaluation data used to make this determination can be found in the assessment area table. (Note: This data must meet the requirements of the eligibility worksheet(s)).

- Conduct an initial evaluation. Eligibility cannot be determined by the review of existing data.**

Evaluation Plan

Area(s) of Suspected Disability	
<input type="checkbox"/> Autism	<input type="checkbox"/> Multiple Disabilities
<input type="checkbox"/> Deaf-Blindness	<input type="checkbox"/> Orthopedic Impairment
<input type="checkbox"/> Deafness	<input type="checkbox"/> Other Health Impairment
<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Specific Learning Disability
<input type="checkbox"/> Emotional Disability	<input type="checkbox"/> Speech or Language Impairment
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Visual Impairment (including Blindness)

Screening(s)/Evaluation(s)

<input type="checkbox"/> Adaptive Behavior	<input type="checkbox"/> Medical Evaluation	<input type="checkbox"/> Progress Monitoring
<input type="checkbox"/> Audiological	<input type="checkbox"/> Motor Screening	<input type="checkbox"/> Psychological
<input type="checkbox"/> Braille Skills Inventory Learning Media Assessment	<input type="checkbox"/> Motor Evaluation	<input type="checkbox"/> Social/Developmental History
<input type="checkbox"/> Functional Vision Assessment	<input type="checkbox"/> Observation	<input type="checkbox"/> Speech-Language Screening
<input type="checkbox"/> Educational Evaluation	<input type="checkbox"/> Ophthalmological/Optometric	<input type="checkbox"/> Speech-Language/Communication Evaluation
<input type="checkbox"/> Health Screening	<input type="checkbox"/> Otological	<input type="checkbox"/> Vocational
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> *Summary of Conference(s) with Parents	<input type="checkbox"/> Review of Existing Data	<input type="checkbox"/> Review of Rtl Documentation of Problem-Solving

* Required but does not require parental consent.

Complete the Consent for an Initial Evaluation.

Consent for Evaluation/Reevaluation

CONSENT FOR EVALUATION/REEVALUATION

Dear

The IEP Team has recognized the need for gathering more information about the student through a formal evaluation. Each LEA must conduct a full and individualized initial evaluation prior to determining eligibility for special education and related services if the review of existing data is insufficient. You will be provided a copy of the evaluation report(s) and the results of evaluation will be shared with you.

Purpose: Evaluation Reevaluation

Evaluation Plan

<input type="checkbox"/>	Adaptive Behavior: The adaptive behavior evaluation refers primarily to the effectiveness with which the individual generally meets the standards of personal independence and social responsibility expected of his/her age and cultural group.
<input type="checkbox"/>	Audiological: An audiological evaluation is an examination by a licensed audiologist to determine auditory acuity, auditory perception, and amplification needs.
<input type="checkbox"/>	Braille Skills Inventory/Learning Media Assessment: The inventory/assessment is an appraisal of the student's most efficient reading medium (Braille and/or print).
<input type="checkbox"/>	Functional Vision Assessment: A functional vision assessment is an assessment conducted by a licensed teacher of children with visual impairments, or other qualified personnel, which provides information on how a student uses vision in familiar and unfamiliar educational and functional settings. It is intended to inform about the impact of a vision condition on a student's learning.

Crosswalk of Consent to Evaluate and Required Evaluations

Consent to Evaluate (form)	Required Evaluations (policy)
Adaptive Behavior	Adaptive Behavior Evaluation
Audiological Evaluation	Audiological Evaluation followed by ontological, when appropriate
	Audiological evaluation, including air/bone conduction testing; speech receptive testing with/without amplification, and impedance testing to determine the type and extent of hearing loss
Braille Skills Inventory/Learning Media Assessment	Braille Skills Inventory and/or Media Assessment
Functional Vision Assessment	Functional Vision Assessment
Educational Evaluation	Educational Evaluation

Crosswalk of Consent to Evaluate and Required Evaluations

Consent to Evaluate (form)	Required Evaluations (policy)
Health Screening	Health Screening
	Hearing Screening
	Review of Medical History/Records
	Vision Screening
Medical Evaluation	Medical Evaluation
Motor Screening	Motor Screening
Motor Evaluation	Motor Evaluation
Observation	Observation Across Settings
Ophthalmological or Optometric Evaluation	Ophthalmological or Optometric Evaluation

Crosswalk of Consent to Evaluate and Required Evaluations

Consent to Evaluate (form)	Required Evaluations (policy)
Otological Evaluation	Otological Evaluation
Progress Monitoring	(2) SRB Interventions to Address Academic/Behavioral Skills
	(2) SRB Interventions to Address Academic/Functional Skills
	(2) SRB Interventions to Address Academic Skills
	(2) SRB Interventions to Address Behavioral/Emotional Skills
Psychological Evaluation	Psychological Evaluation
	Psychological Evaluation for TBI
	Psychological Evaluation including Cognitive/Social-Emotional Measures
	Psychological Evaluation including Intellectual Evaluation

Crosswalk of Consent to Evaluate and Required Evaluations

Consent to Evaluate (form)	Required Evaluations (policy)
Social/Developmental History	Social/Developmental History
Speech-Language Screening	Speech-Language Screening
	Articulation/Fluency/Language/Voice/Resonance Screening
Speech-Language/Communication Evaluation	Articulation/Fluency/Language/Voice/Resonance Evaluation
	Communication Evaluation
	Communication Evaluation including Receptive, Expressive and Augmentative Skills
	Speech-Language Evaluation - including Language Semantics and Pragmatics
	Speech-Language Evaluation

Crosswalk of Consent to Evaluate and Required Evaluations

Consent to Evaluate (form)	Required Evaluations (policy)
Vocational Evaluation	Vocational Evaluation
Assessment/Behavior Rating Tool Specific to Autism	Assessment/Behavior Rating Tool Specific to Autism
Behavioral/Emotional Evaluation	Behavioral/Emotional Evaluation

Section V: IEP Team Participants

V. IEP Team Participants

The following individuals were present and participated in the referral to special education and IEP Team decision. (A Request to Excuse Required IEP Team Member(s) has been obtained if any of the below participants are identified as excused. Note with an * any team member who used alternative means to participate.)

Name	Position	Date
	Parent/Guardian/Student	
	Parent/Guardian/Student	
	LEA Representative	
	Special Education Teacher	
	General Education Teacher	
	Interpreter of Instructional Implications of Evaluations	

Resources

- Public Schools of North Carolina Exceptional Children Division. (2014). *NC Policies Governing Services for Children with Disabilities. Amended March 2018*
- Federal Register. (2006). *Part II 34 CFR Parts 300 and 301 Assistance to States for the Education of Children with Disabilities and Preschool Grants for Children with Disabilities Final Rule*. Department of Education.