Referral to Willamette ESD Special Programs For Assessment / Services (Page 1 of 2)

☐ **New Referral** ☐ **Re-Evaluation** ☐ **Move-In Referral** ☐ **EI to ECSE Transition**

Referral Date_____SSID# _____ School District Std. I.D. # (if applicable) _____

Student Name _____DOB _____Age _____ M☐ F☐

School _____Att.Dist. _____Res. Dist. _____ Grade _____

Parents _____Phone (H) _____ (W) _____

Address _____Ethnicity _____
Street City Zip

Pre-Existing Eligibilities _____ Primary Language_____

Referred by _____ Email _____Phone #_____Date _____

Referral Authorized by _____Phone #_____Date _____
District Administrator or Designee

Date Parent Consent Signed: _____ *Please attach Consent to referral*

Current IFSP/IEP: ☐ **No** ☐ **Yes** **IFSP/IEP Due Date:** _____

REFERRAL REQUEST(S)—Please see page 2 for documentation to be attached

Assessments:

- ☐ **Audiological Evaluation**
- ☐ **Augmentative Communication/Assistive Tech.**
- ☐ **Autism Spectrum Disorder (ASD)**
  Note: Communication evaluation is required as part of ASD evaluation.
- ☐ **Behavior Evaluation**
- ☐ **Communication**
  (Fluency, voice, language, articulation, hearing screening, ASD)
- ☐ **Developmental Evaluation (EI/ECSE Only)**
  ☐ Adaptive ☐ Cognitive ☐ Social ☐ Motor ☐ Communication
- ☐ **Functional Vision Evaluation**—Note: For vision impairment eligibility determination ONLY
- ☐ **Intelligence** (conducted by school psychologist)
  ☐ Academic Assessment ☐ Adaptive
  ☐ Intelligence (IQ)
- ☐ **Nursing Assessment**
- ☐ **Occupational Therapy Evaluation**
- ☐ **Physical Therapy Evaluation**
- ☐ **Other:**_____

Services:

- ☐ **Augmentative Communication**
- ☐ **Autism Spectrum Disorder Services**
- ☐ **Behavior Services**
- ☐ **Communication Therapy**
- ☐ **Deaf/Hard of Hearing Services**
- ☐ **Motor Services**
  ☐ OT ☐ PT
- ☐ **Nursing Services**
- ☐ **Vision Services**
- ☐ **Other:**

Assessment to be done by DISTRICT staff:

- ☐ Intellectual
- ☐ Academic
- ☐ Behavioral
- ☐ Language Dominance
- ☐ Vision Screening
- ☐ Hearing Screening
- ☐ Other: _____

Briefly explain why this student is being referred:

Office Use Only

Evaluator Assigned:	Evaluator Assigned:	Evaluator Assigned:	Evaluator Assigned:
Assigned By: Date:	Assigned By: Date:	Assigned By: Date:	Assigned By: Date:

7/07 Distribution: ☐ Student File ☐ District ☐ ESD ☐ Parent ☐ Other _____

Referral to Willamette ESD Special Programs for Assessment (page 2 of 2)

The Following Required Documentation MUST BE ATTACHED TO PAGE 1 OF THIS REFERRAL, as appropriate to the area of disability:

☐ If the student has been evaluated or served by any non-educational agencies, doctors, clinics or out-of-state educational agencies, and, if the parent has given signed permission for a Release and Exchange of Information, please provide a copy of the signed release with the referral.

☐ Please attach signed parent consent for this evaluation

☐ Please note: If the referral is for a student who is also Bilingual or an English Language Learner, please attach documentation of:
Language Proficiency Scores: English _____ Other Language _____
AND/OR description of services currently being provided to the student (i.e., Title-1C, YST, etc)

For Mental Retardation:

☐ Documentation of other evaluations which support the team's recommendation for this assessment.

For a Hearing Impairment check one or more of the following:

☐ Documentation of two failed hearing screenings conducted two to four weeks apart (Please attach),

OR

☐ Documentation of an audiological evaluation by an audiologist stating the student exhibits one or more of the following: (A pure tone average loss of 25 dB or greater in the better ear for frequencies of 500 Hz, 1000 Hz, and 2000 Hz, or a pure tone average loss of 35 dB or greater in the better ear for frequencies of 3000 Hz, 4000 Hz, and 6000 Hz. The loss can be sensorineural or conductive (if not medically or surgically correctable). Please attach the audiological evaluation report.

NOTE: Children or students with unilateral hearing loss may be considered for eligibility on an individual basis only if the affected ear has a pure tone average loss of 50 dBHL or greater for the frequencies of 500 Hz to 4000 Hz, **AND** the hearing loss has a documented adverse impact on the student's educational performance.

OR

☐ Existing IFSP/IEP eligibility as a student with a documented hearing impairment OR wearing hearing aids, i.e. move-in from another school district, etc.

For a Vision Impairment:

☐ Report by an ophthalmologist or optometrist stating one of the following:

l . Residual acuity of 20/70 or less in the better eye with correction, or

2. Restricted visual field of 20 degrees or less in the better eye, or

3. An eye condition, either an eye pathology or a progressive eye disease which, in the opinion of the ophthalmologist, is expected to reduce either acuity or visual field to the criteria in #1 and #2, **OR**

4. The assessment results of a licensed ophthalmologist or optometrist are inconclusive, **AND** the child demonstrates inadequate use of residual vision.

For an Orthopedic Impairment:

☐ Any available CDRC, Shriners, or other orthopedic reports or any documentation of Orthopedic Impairment.

For Nursing Assessment

☐ If a previous Health Maintenance Plan is in records, please attach a copy.

For Autism Spectrum Disorder (ASD):

Referral for Evaluation:

☐ Prior assessments that led to this referral, such as: Communication Disorder evaluation, psychological report, autism screening checklist, IEP/IFSP, observation notes, etc.

Referral for Services (for student with Autism Spectrum Disorder already established):

☐ Current IEP/IFSP
☐ Communication Disorder evaluation report
☐ Psycho educational report (if available)
☐ Developmental Profile
☐ Autism Spectrum Disorder eligibility statement
☐ Medical Statement or Health Assessment
☐ Documentation of behavioral observations
☐ Medical Statement or Equivalent
☐ Autism Behavior Checklist
☐ Other _____

For Augmentative Communication Services (Contracted services, only):

☐ Communication Disorder evaluation reports

Please send to WESD Data Services or fax to: 503-588-5681