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**Requesting a Special Education Assessment** **for a Preschooler: Step-by-Step Guide**

**My child is turning three years old. What services are available to my child?**

Children with special needs are potentially eligible for special education services through their local school district at age three, even if they are not attending a preschool program. If your child received early intervention services from your local regional center, your child’s service coordinator should refer her to the local school district.

**Why might a child need a special education assessment?**

Special education assessments can help determine whether a child has an education disability and whether they are in need of special education services. Through special education a child may be eligible to receive an Individualized Education Program (“IEP”) that is specifically designed to meet their unique needs based on their disability.

 **What does a preschool child with an educational disability look like?**

* Delay in reaching developmental milestones
* Social or emotional problems
* Speech and language problems
* Fine or Gross Motor problems

**What is an Individualized Education Program (“IEP”)?**
An IEP is a written education program developed by the school district, teachers, and the education rights holder (“ERH”). IEPs include how the child is currently doing and what everyone involved will do for the next school year to improve the child’s education outcomes.

**Procedures for Requesting a Special Education Assessment:**

1. **Complete the form:** Fill out the form on the reverse of this document. Include your developmental and behavior concerns of the child. Also include why you suspect the child has a disability and/or any diagnosed disabilities they already have (e.g. ADHD, FASD). Make sure to sign and date the form.
2. **Submit the form:** Turn in the attached form to the special education coordinator at the child’s school district.
3. **Get proof:** You should get proof that the school district received your request, in case you have any difficulties getting a response from the school district. There are 3 possible ways to get proof that you submitted the special education assessment request.
4. If submitting the form in person, get a date stamp on the form and keep a copy as proof.
5. If submitting via fax, keep a copy of the fax transmittal report confirming that the fax was received.
6. If sending via mail, send it via certified mail. Make sure to keep the certified mail receipt as proof.
7. **Get the school district’s response:** Your child’s school district is legally required to send you a written response within 15 calendar days of receiving the request for an assessment. Your child’s school district only has two options to respond to your request. They can send you an assessment plan granting the assessment **OR** a written refusal to complete the assessment. DO NOT accept other options.
8. **Review and Sign the Assessment Plan:** After you receive the assessment plan from the school district, you have 15 calendar days to sign and return it. Before returning it to the school district, review the assessment plan to make sure they are doing all necessary assessments. Request in writing, on the assessment plan, to receive a copy of the assessment report(s) 5 business days before the IEP meeting.
9. **Holding the IEP Meeting:** After you return the signed assessment plan to the child’s school district, the school district legally has only 60 calendar days to hold an Individualized Education Program (“IEP”) meeting to discuss the results of the assessments and whether the child is eligible for special education services. If your child received early intervention services, then she is entitled to an IEP by her third birthday. Make sure to read the child’s assessment report prior to the meeting and prepare any questions you may want to ask at the meeting. You do not need to sign the IEP document if you do not agree with the school district’s determination of IEP eligibility or the services/supports they offer. Ask your school for a list of attorneys/advocates who can help you appeal their decision.

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

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Special Education Coordinator:

I am refer the above-named child for special education assessment(s). My child lives within the

boundaries of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District. The following

 Name of the School District

assessment(s) is(are) needed at this time based on the following needs:

\_\_\_\_\_ Psychoeducational asseesment because child demonstrates the following delays:

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

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\_\_\_\_\_ Speech and language assessment because child demonstrates the following delays: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_ Physical therapy assessment because child demonstrates the following delays: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_ Occupational therapy assessment because child demonstrates the following delays: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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­Accordingly, please forward a proposed assessment plan to me within fifteen (15) calendar days. Educ. Code §§ 56043(a) and 56321(a). If you have any further questions regarding this correspondence, do not hesitate to contact me.

 Education Rights Holder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_