

## Special Education Referral Process



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## Topics for Today

- Referral Process
- IEP Team Members
- IEP Team Jobs
- Timeline



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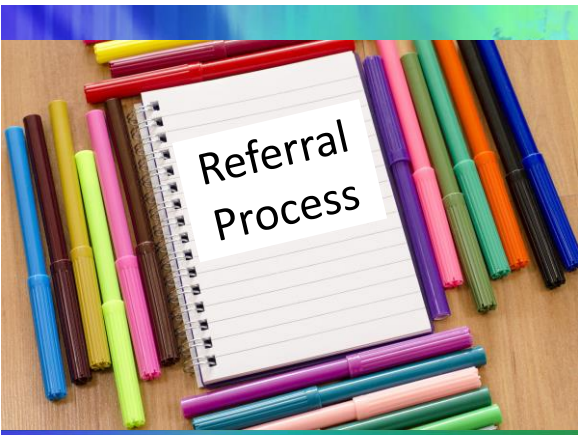
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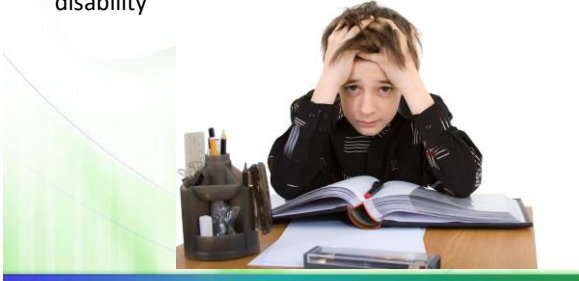
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## When to Refer?

- When someone thinks a child may be a child with a disability



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## Who Can Refer?

Someone who knows the child...

- Professionals (physician, nurse, social worker, Birth to 3 staff, licensed school staff)
- Other people

**\*Parents**



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## How to Refer?

### STEP 1

- **MUST** be in writing
  - School Form OR,
  - Letter (R-1)
- Include:
  - Child's name
  - Reasons **WHY** (PI 11.36)

SCHOOL DISTRICT			
Name of child (last, first, middle)	DOB	Grade	School
Name of parent or legal guardian	Address (street, apt, suite, etc)		Telephone (area code/number)
Person making referral title		Date and school of sending parent or other title	
Date		Date	
<input type="checkbox"/> Parent <input type="checkbox"/> Professional <input type="checkbox"/> Other (specify)			
<input type="checkbox"/> In native language <input type="checkbox"/> In English			
Student's native language or other primary mode of communication, if other than English (specify):			
Date referred received by school district (M, D, Y) _____ (month/day/year)			
The form the district receives from the school begins the 12 business day deadline to which to complete the review of existing information and to notify the parents of whether additional assessments are needed.			
In completing the following information, consider reasons about the student's concern, engagement and progress in our district level general education curriculum, instruction, assessment, and program, or other school activities.			
1. Describe why you believe this student has a disability:			
2. If known, include information about any of the following:			
a. Academic performance (including achievement, reading achievement or early literacy)			
b. Functional performance (i.e. daily living skills, executive functioning, social, emotional, and behavior)			
c. Relevant medical information (including vision and hearing)			
d. Programs, services, or interventions that have been used to address this student's needs and the results of such interventions			

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## Educational Disabilities

1. Autism
2. Deaf/Blind
3. Emotional Behavioral Disability
4. Hearing Impairment
5. Intellectual Disability
6. Orthopedic Impairment
7. Other Health Impairment
8. Significant Developmental Delay
9. Specific Learning Disability
10. Speech & Language Impairment
11. Traumatic Brain Injury
12. Visual Impairment




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## How to Refer?

### STEP 2

- Inform parents 1st
- Deliver to school
- Keep **dated** copy




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## What Happens Next?

### STEP 3

- School records referral & date
- School sends written notice to parents of referral receipt (**IE-1**)
- Date starts "Timeline"
- Referral must be accepted
- IEP Team appointed




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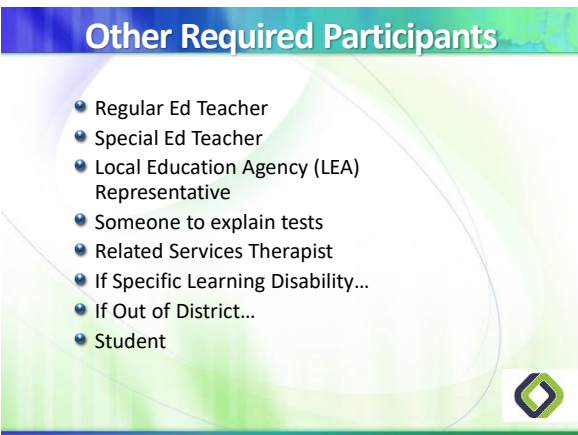
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## Other IEP Team Members

- School or parent can invite **Other**
- *Knowledge or special expertise* about child
- Person inviting decides
- Birth to 3 rep
- Transition-related reps



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## The Job of the IEP Team

1. Conduct the evaluation
2. Review evaluation results
3. Decide if child:
  - ✓ Has a **disability, AND**
  - ✓ **Needs** special education
4. Write the IEP
5. Decide placement



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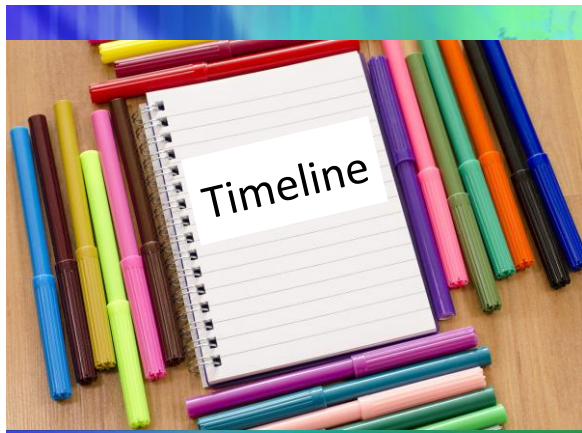
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Timeline



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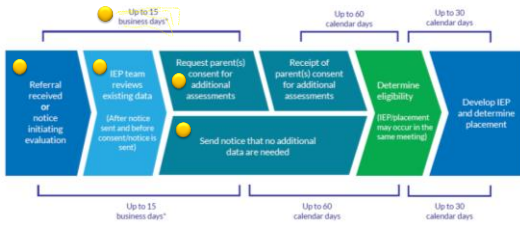
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# Timeline

## Evaluation Timeline



\*Business day means Monday through Friday except for Federal and State holidays.

WI Dept. of Public Instruction Special Education Team  
Revised October 2018

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## That's It for Today!

- Register – [www.wifacets.org](http://www.wifacets.org)
- Please complete your evaluation.
- Questions? WI FACETS 877-374-0511

# THANK YOU!



Content addressed in this module is based on federal and state law and regulations. The information is not intended to be a replacement for careful study of IDEA and Chapter 115.  
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