

Peru Central School District

Office of Student Services

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Irene M. Stephney
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Patrick Brimstein, Ed. D
Superintendent of Schools

TO: All Staff Members

FROM: Irene Stephney
Director of Student Services

RE: Referral to the Committee on Special Education

A referral is the first step in the process of determining whether or not special education services can be provided. Initiating a referral to the CSE means there is a strong reason to believe that a student may have an **educational** disability.

It is important that your work with your building principal, child study team, and/or guidance counselor to review whether the student may be able to profit from short-term services outside of special education prior to making a CSE referral. New York State and Federal regulations require that attempts to address the student's educational needs must be made within the regular education programs and services prior to the provision of special education. **These attempts must be carefully documented.**

The attached referral packet includes information required prior to conducting a CSE evaluation. New York State regulations require that attempts must be made to contact the parent(s)/ guardian(s) prior to submitting the referral. This contact should include a review of your concerns and the steps taken to address the problem prior to the referral.

If you have any questions regarding the procedures that must be followed to refer a student to the Committee on Special Education, please feel free to contact me at (518) 643-6040. Thank You.

Attachment

**Peru Central School District
Referral to the Committee on Special Education**

Referrals must be signed by the building administrator and forwarded to the CSE Chairperson.

Building Administrator
Special Ed. Director

Date of Referral
Date Received by CSE

Family history:

Student Name _____ Date of Birth _____ Male Female
Grade _____ School _____
Parents/Guardians _____ Home Phone _____ Work Phone _____
Address _____
Foster child _____ Caseworker _____ Agency _____ Phone _____
Home school District _____ Primary language in home _____
Significant medical or health problems _____
Diagnosis _____
Is this student on medication _____ What medication is currently being taken? _____
Significant attendance problems _____

Educational history:

Grades repeated, if any _____ Results of screening _____

Student currently receives:

- AIS Reading _____ Teacher
- AIS Math _____ Teacher
- AIS ELA _____ Teacher
- Counseling _____ Provider
- Speech Improvement _____ Therapist

If the student is **not** receiving any of the above services or there was no attempt to resolve difficulties, please explain:

Has effort been an issue with this student? Does the student seek extra help? Have there been frequent department problems?
What was the general nature of the referrals? Is this student currently involved with a PINS or probation? Are any other
agencies involved with this student? Please Specify: _____ Who is the contact person? Have any evaluations
been done by other schools or agencies? Please attach reports. Has this student been referred to a building or special needs
committee? What was the outcome of the referral?

Reason(s) for Referral

Describe the specific reason and/or situations that indicate the need for a referral to the Committee on Special Education. You **must** also indicate attempts to resolve these problems outside of special education interventions.

SPECIFIC REASONS FOR REFERRAL

FURTHER ATTEMPTS TO RESOLVE

Interventions tried:

Service

Provider

Date Started

Please explain why this service has or has not been successful in meeting the child's needs:

Intervention(s) tried:

Outcomes:

Evaluation information

:

When making a referral, there must be information to support the basis of the referral. This section **must** be completed.

Please specify any State Test(s) the student has taken and the results or include copy of state test record:

<i>Date of test</i>	<i>Name of test</i>	<i>Standard Score</i>	<i>Percentile Rank</i>	<i>Evaluator</i>

It is **required** in accordance with section 200.4 (b) (5) (I, ii), that as part of an initial evaluation, and any re-evaluation in accordance with section 200.4 (b)(4), a group that includes the committee on special education, and other qualified professionals as appropriate, **SHALL** review existing evaluation data on the student, including evaluations and information furnished by the parents, current classroom observations and classroom-based assessments, and observations by related service providers. This group may conduct its review without a meeting. On the basis of that review, and **INPUT FROM THE PARENT**, the committee shall **identify what evaluation data is needed**. Please indicate below the types of assessments that will be necessary for an appropriate evaluation of this student's educational needs:

- Cognitive strengths/weaknesses/learning style
- Speech/language
- Written language
- Reading
- Spelling
- Mathematics
- Behavioral
- Emotional
- Social History (required)
- Classroom Observations (required)
- Physical (required)
- Physical
 - OT
 - Pt
 - Other

Signatures of CSE Members (including parents) who identified evaluation needs (does not need to be done in a meeting, but all members must be consulted and original signature obtained):

Signature

Title

Date

PARENTAL CONTACT

There **MUST** be parent contact **PRIOR** to making the referral. Describe specifically the extent of parental contact and/or involvement prior to referral. List dates/times of meetings, phone calls, etc.

Please note any additional factors you feel are pertinent to the assessment of this student:

PLEASE ATTACH CURRENT REPORT CARD, ANY RELEVANT SUPPORTING DOCUMENTS (PROGRESS REPORTS, ETC.).

EVALUATION, CSE RECOMMENDATION AND BOARD OF EDUCATION APPROVAL MUST BE COMPLETED WITHIN SIXTY (60) SCHOOL DAYS FROM RECEIPT OF CONSENT TO EVALUATE.

THE BUILDING PRINCIPAL MUST FORWARD THE REFERRAL TO THE CSE CHAIR PERSON IMMEDIATELY (WITHIN 24 HOURS).

Once this referral is processed, a copy will be sent to the parent, building principal, student file, and evaluator.

Signature of referring party:

Date:

Signature of Building Administrator:

Date:

Signature of Spec. Ed. Director:

Date:

Please see confidential file for supporting documents which were submitted with this referral.