Department of Specialized Services Handbook
ROCHESTER CITY SCHOOL DISTRICT DEPARTMENT OF
SPECIALIZED SERVICES

TABLE OF CONTENTS

REFERRALS

SECTION 1

REFERRAL FOR INITIAL EVALUATION
INTERNAL WORK FLOW
REFERRAL FOR INITIAL EVALUATION TO THE CSE FORM
REQUEST FOR REFERRAL
INTERNAL WORK FLOW
REQUEST FOR REFERRAL FORM
REQUEST FOR CLASSIFIED STUDENT
REQUEST FOR CSE MEETING FOR CLASSIFIED STUDENT
AGREEMENT FOR WITHDRAWAL OF A CSE REFERRAL
DISTRICT FEEDBACK FORM FOR REFERRAL SUFFICIENCY

BILINGUAL ASSESSMENTS

SECTION 2

BILINGUAL ASSESSMENT REQUESTS
REFERRAL PROCESSES
REEVALUATIONS
INITIAL REFERRAL, REQUEST FOR REFERRAL, OR REQUEST FOR CLASSIFIED STUDENT
BILINGUAL TEAM EVALUATION FORM
PROCEDURES FOR CSE PROCESS FOR SPEAKERS OF OTHER LANGUAGES
CSE CHECKLIST CONSIDERING LIMITED ENGLISH PROFICIENCY
MARCH 2011 NYSED MEMORANDUM

CSE MEETINGS

SECTION 3

DOCUMENTATION REQUIRED FOR CSE MEETINGS
HOME SCHOOL AND SPECIAL PROGRAM RESPONSIBILITIES
YOUTH JUSTICE PROGRAMS
AMEND NO MEETING
CHECKLIST FOR AMENDMENT AGREEMENT NO MEETING
CSE PROCESS FOR SPEAKERS OF OTHER LANGUAGES
CSE CHECKLIST CONSIDERING LIMITED ENGLISH PROFICIENCY
REQUEST FOR INTERPRETING SERVICES
IEP COMPLIANCE CHECKLIST
KEY QUESTIONS FOR THE CSE TO CONSIDER WHEN DEVELOPING IEPs
IEP ANALYSIS – SPECIALY DESIGNED INSTRUCTION GUIDING QUESTIONS TO DEVELOP AN IEP
GENERAL DIRECTIONS TO USE THE STATE’S MODEL IEP FORM MARCH 2010
SECTION 4

NYSED REGULATION 200.4(E)(8)
PLACEMENT PROCEDURES FOR TRANSFER STUDENTS WITH DISABILITIES
PLACEMENT PROCEDURES FOR TRANSFER STUDENTS WITH DISABILITIES REQUIRING A
LANGUAGE ASSESSMENT
RCSD POLICY MANUAL 5110 EDUCATION OF HOMELESS STUDENTS
SPECIAL EDUCATION PROGRAM DESCRIPTIONS (SOCIAL COMMUNICATION 12:1+3; ASD 6:1+2;
ASD 6:1+4; ASD CONNECT; GEM; LE ICT; STEPS)

SECTION 5

PROCEDURES FOR TRANSLATION

DOCUMENTS TO BE TRANSLATED
PROCEDURES FOR TRANSLATING REQUIRED DOCUMENTS

SECTION 6

PROCEDURES FOR IMPLEMENTATION OF IEP

NYSED REGULATION 200.4(E) IEP IMPLEMENTATION
NYSED REGULATION 200.5(B)(1)(II) PARENTAL CONSENT INITIAL PROVISION OF SERVICES
RCSD GUIDELINES FOR THE CONTINUUM OF SPECIAL EDUCATION SERVICES

SECTION 7

BUILDING PROCEDURES TO ENSURE COMPLIANCE

CHAPTER 408
CHAPTER 408 IEP DISTRIBUTION FORM
NYSED CONTINUUM OF SPECIAL EDUCATION SERVICES FOR SCHOOL-AGE STUDENTS WITH
DISABILITIES UPDATED NOVEMBER 2013
DISABILITY DEFINITIONS
DOCUMENTATION OF THE DETERMINATION OF ELIGIBILITY FOR A STUDENT SUSPECTED OF
HAVING A LEARNING DISABILITY
NYSED MEMORANDUM JUNE 2014 THE ROLE OF THE CSE IN RELATION TO THE COMMON CORE
LEARNING STANDARDS
PRIOR WRITTEN NOTICE FORM
MEETING NOTICE FORM
STUDENT INFORMATION & IEP TEMPLATE
CONSENT (EVALUATIONS, INITIAL PROVISION OF SPECIAL EDUCATION SERVICES, RELEASING
INFORMATION)
REVOKING CONSENT FOR SPECIAL EDUCATION SERVICES

SECTION 8

BEHAVIOR

CODE OF CONDUCT POLICY 1400
PROCEDURES FOR CONDUCTING THE FUNCTIONAL BEHAVIORAL ASSESSMENT
FUNCTIONAL BEHAVIORAL ASSESSMENT REVIEW FORM
FUNCTIONAL BEHAVIORAL ASSESSMENT FORM
PROCEDURES FOR DEVELOPING AND IMPLEMENTING THE BEHAVIORAL INTERVENTION PLAN
PROGRESS MONITORING
BEHAVIORAL INTERVENTION PLAN REVIEW FORM
BEHAVIORAL INTERVENTION PLAN FORM
BIP DEVELOPMENT MEETING NOTICE
BIP PROGRESS MONITORING MEETING NOTICE
PROCEDURES FOR USE OF TIME OUT ROOM
TIME OUT ROOM AND EMERGENCY INTERVENTION DOCUMENT
DISCIPLINE/SUSPENSION

DISCIPLINE PROCEDURES FOR STUDENTS WITH DISABILITIES
STUDENTS PRESUMED TO HAVE A DISABILITY
DISCIPLINE PROCEDURES FOR STUDENTS WITH DISABILITIES (PowerPoint)
PROVISION OF SERVICES DURING SUSPENSIONS
MANIFESTATION REVIEW TEAM MEETING NOTICE FORM
FAPE
RCSD CODE OF CONDUCT POLICY 1400

DUE PROCESS

MANAGING DUE PROCESS COMPLAINTS
MEDIATION
IMPARTIAL HEARING
NYSED PROCEDURAL SAFEGUARDS NOTICE JUNE 2016

CHARTER SCHOOLS

ENROLLMENT AND CSE PROCEDURES

REFUGEE FAMILIES

ENROLLMENT AND CSE PROCEDURES
SECTION 1  REFERRALS

REFERRAL FOR INITIAL EVALUATION

INTERNAL WORKFLOW

REFERRAL FOR INITIAL EVALUATION TO THE CSE FORM

REQUEST FOR REFERRAL

INTERNAL WORKFLOW

REQUEST FOR REFERRAL FORM

REQUEST FOR CLASSIFIED STUDENT

REQUEST FOR CSE MEETING FOR CLASSIFIED STUDENT

AGREEMENT FOR WITHDRAWAL OF A CSE REFERRAL

DISTRICT FEEDBACK FORM FOR REFERRAL SUFFICIENCY
Referral for an Initial Evaluation

Source: Parent, Designee of School District, Commissioner or Designee of a Public Agency, and/or Designee of a Childcare Institution with a CSE

All referrals must be immediately date stamped and forward to the Principal or School Official who must follow the written Internal Work Flow CSE Referral Process procedures.

Within 10 school days from the receipt of the referral, the Principal or school official must conduct a meeting with the Parent, the student, if appropriate, and the person submitting the Referral.

Parent and person submitting the referral agree to withdraw the referral

Yes

Principal or school official and parent develop a written agreement identifying alternative methods, strategies, supports, and schedule a follow-up conference.

Parent signs the Agreement to Withdraw Referral.

Principal or school official send the written agreement to the referral mailbox.

SSA places copy in the cumulative folder and closes out the referral in Frontline.

This initial referral to the CSE ends

No

Complete and submit the Referral for Initial Evaluation to the CSE form to the referral mailbox.

SSA issues prior written notice (PWN) with consent to evaluate.

Continue individual evaluation and CSE process
November 16, 2017

Internal Work Flow Central CSE Referral Process

Referral for Initial Evaluation 200.4 a1a

1) Referral is submitted for Initial Evaluation from the following source: Parent, Designee of School District, Commissioner or Designee of a Public Agency, and/or Designee of a Childcare institution with a CSE.

2) Letter is submitted to Principal or School Official.

3) Principal or school official scans/emails or submits letter to central referral mailbox within 24 hours of receipt.
   a) For Nonpublic schools, additional information is required at the time of submission: proof of residence, birth certificate and transcript.

4) Principal or school official ensures the referral is date stamped and enters referral in the Compliance Log.
   a) For Nonpublic schools, Clerk 1 checks SMS for past enrollment. If there is no record, the Clerk 1 emails Placement with Birth Certificate, proof of address, and transcript.
   b) Student is enrolled through placement and receives an RCSID #.
   c) Clerk 1 emails school official the ID #.

5) Referral is date stamped at CO and SSA sets the 10 School Day clock and opens draft.

6) Within 10 school days of the receipt of the referral, Principal or school official conducts a meeting with the Parent and the student, if appropriate, and person submitting the Referral to discuss the reason for the referral.
   a) If, at that meeting, the parent and person submitting the referral agree to withdraw the referral:
      i) Principal or school official and parent develop written agreement identifying alternative methods/strategies for support and schedule follow-up conference.
      ii) Obtain Parent signature on the Agreement to Withdraw Referral.
      iii) Principal or school official sends signed Agreement to Withdraw Referral to the referral mailbox
      iv) SSA places copy in cumulative folder and closes out the referral in Frontline.
   b) If, at that meeting, the parent and person submitting the referral agree the referral should move forward:
      i) Principal or school official coordinates with professional staff member(s) to complete the Referral for Initial Evaluation form.
      ii) Within 10 school days, the Principal or school official submits the Referral for Initial Evaluation form to the central referral mailbox @ CentralReferral@RCSDK12.ORG.

7) SSA issues Prior Written Notice (PWN) with consent to evaluate and a postage paid self-addressed envelope. The SSA locks the document and enters “awaiting consent to test” in home school field.

8) Parent sends signed consent back to RCS. If school receives consent, designated staff must send signed consent to the Central Referral mailbox.

9) SSA logs consent in process log and informs the school team from the referring school that the consent to evaluate has been received; provides the school team with the date of receipt; and calculates the timeframe for completion of the evaluation and the CSE meeting.

10) The school must follow up with the Procedures for obtaining written parent consent process. (35 day letter process)

11) CSE meeting is scheduled in collaboration with aligned CSE and held within the 60 calendar day timeline while following all meeting notice regulatory deadlines.
Referral for Initial Evaluation to the Committee on Special Education

☐ Bilingual Evaluation Needed (Check the box if the student requires a bilingual evaluation)

<table>
<thead>
<tr>
<th>Student's ID:</th>
<th>Student Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>Gender: Choose an item. Race/Ethnicity: Choose an item.</td>
</tr>
<tr>
<td>Does Student Live with Parents? ☐ YES ☐ No</td>
<td></td>
</tr>
<tr>
<td>If No, With Whom Does the Student Live?: Relationship:</td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian:</td>
<td></td>
</tr>
<tr>
<td>Home Address:</td>
<td></td>
</tr>
<tr>
<td>Home Phone: Work Phone:</td>
<td></td>
</tr>
<tr>
<td>Dominant Language of the Student:</td>
<td></td>
</tr>
<tr>
<td>Dominant Language of the Parent: Interpreter Needed:</td>
<td></td>
</tr>
<tr>
<td>Teacher: School: Grade:</td>
<td></td>
</tr>
<tr>
<td>Referring Person/Title:</td>
<td></td>
</tr>
</tbody>
</table>

*If information is inaccurate please update with school office personnel*

Referral Source (Choose from Drop Down Box)
Choose an item.

Reason for Referral - Description of Action Proposed or Refused
The CSE is requesting consent to conduct an evaluation to determine initial eligibility for special education services.

Major Areas(s) of Concern: Check each reason for referring this student:

☐ Communication

☐ Communicates Basic Needs and Wants ☐ Expressive Language
☐ Articulation ☐ Voice Quality
☐ Knowledge of Sound/Letter Association ☐ Receptive Language
☐ Other Specify: ☐ Other Specify:

☐ Academic Performance

☐ Oral Expression ☐ Listening Comprehension
☐ Written Expression ☐ Basic Reading Skills
☐ Reading Comprehension ☐ Reading Fluency
☐ Mathematics Calculation ☐ Mathematics Reasoning and Application
☐ Other Specify: ☐ Other Specify:
<table>
<thead>
<tr>
<th>Student ID:</th>
<th>Click here to enter text.</th>
<th>Student Name:</th>
<th>Click here to enter text.</th>
<th>DOB:</th>
<th>Click here to enter text.</th>
</tr>
</thead>
</table>

- **Health, Vision, Hearing and Motor Abilities**
  - Gross Motor Skills
    - Body Control
    - Locomotion
  - Vision
  - Developmental History
  - Other Specify
  - Fine Motor Skills
    - Perceptual Motor
    - Sensory
  - Hearing
  - Other Specify

- **Social and Emotional Status**
  - Interaction with Peers
  - Interaction with Adults
  - Compliance of Rules
  - Acceptance of Consequences
  - Acceptance to Disappointment
  - Self Help Skills/Play Skills
  - Team/Membership
  - Other Specify:
  - Mood Swings
  - Repetitive Behaviors
  - Self Concept
  - Inactivity or Withdrawal
  - Cooperation
  - Self Control
  - Expression of Feelings/Affect
  - Other Specify:

- **General Intelligence**
  - Understanding New Concepts
  - Interpreting Data to Make Decisions
  - Comparing/Contrasting Ideas of Objects
  - Perceptual Discrimination
  - Other Specify:
  - Predicting Events/Results
  - Problem Solving
  - Applying Knowledge
  - Memory
  - Other Specify:

- **Work Skills/Technical/Vocational Functioning**
  - Attending to Task
  - Following Directions
  - Independent Work Habits
  - Seeking Assistance When Needed
  - Using Research Tools Effectively
  - Maintaining Physical Stamina
  - Having Realist Vocational Goals
  - Other Specify:
  - Punctuality
  - Completing Work
  - Organizing Materials/Belongings
  - Using Technology to Gather/Organize Info
  - Identifying Preferences/Interests
  - Recognizing Personal Limitations
  - Other Specify:

<table>
<thead>
<tr>
<th>Specialized Device/Equipment Used By Student:</th>
<th>List Device/Equipment:</th>
<th>Date(s) Used:</th>
</tr>
</thead>
</table>

**Explanation of Why Action Is Proposed Or Refused (Choose from drop down box)**
Choose an item.

**Department of Specialized Services**

07/06/2017
Summary of Standardized Group Test Data (Description of evaluation procedure, assessment, records, or reports used in the decision to propose or refuse the action)

Achievement – Include test name, date and score

<table>
<thead>
<tr>
<th>Reading</th>
<th>Math</th>
<th>ELL Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choose an item.</td>
<td>Choose an item.</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>Choose an item.</td>
<td>Choose an item.</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>Choose an item.</td>
<td>Choose an item.</td>
<td>Choose an item.</td>
</tr>
</tbody>
</table>

Description of each evaluation, procedure, assessment and record or report used in the decision to propose or refuse the action

Parent Report

Physical Functioning:

Attach documentation for results of each screening.

<table>
<thead>
<tr>
<th>VISION</th>
<th>HEARING</th>
<th>MOTOR</th>
<th>SPEECH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required for all students referred for special education</td>
<td>Required as determined by the RtI committee</td>
<td>Required as determined by the RtI committee</td>
<td></td>
</tr>
<tr>
<td>Screening Date:</td>
<td>Screening Date:</td>
<td>Screening Date:</td>
<td>Screening Date:</td>
</tr>
<tr>
<td>☐ Passed</td>
<td>☐ Passed</td>
<td>☐ Passed</td>
<td>☐ Passed</td>
</tr>
<tr>
<td>☐ Failed</td>
<td>☐ Failed</td>
<td>☐ Failed</td>
<td>☐ Failed</td>
</tr>
</tbody>
</table>

Student Supports:

Does the student currently have the following:

<table>
<thead>
<tr>
<th>Section 504 Plan</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educationally Related Support Services</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>
Describe any Existing Health Conditions Below:

Is Student Currently on Medication?: □ Yes □ No

Involvement with Outside Agency(ies): □ Yes □ No
Agency:

Describe services that are being provided to this student by agency(ies) listed above:

Check the evaluations that are proposed to be conducted:
Required for all initial evaluations:
□ Psychological Evaluation
□ Classroom Observation
□ Social History
□ Health Assessment

Indicate additional evaluations required to address areas of suspected disability:
□ Functional Behavioral Assessment (required for all referrals where behavior is impacting learning)
□ Speech/Language Evaluation
□ Occupational Therapy Evaluation
□ Physical Therapy Evaluation
□ Assistive Technology
□ Other
Extent of Parent Contact/Involvement:

Description of Any Other Option(s) Considered and Reasons Rejected:

☐ There were no other options considered.

☐ Other options considered include:

☐ These options were rejected because:

Description of Any Other Factors That Are Relevant:

Response to Intervention/Student Support Team Decision

List Team Members:

☐ This referral indicates a suspected disability and there is a need for an individual evaluation.

☐ The student participated in Response to Intervention (RtI)

☐ The student participated in Academic Intervention Service (AIS)

Describe the level and outcome of RtI/AIS provided to the student:

Date of Team Decision:

Department of Specialized Services 07/06/2017
<table>
<thead>
<tr>
<th>Student ID:</th>
<th>Click here to enter text.</th>
<th>Student Name:</th>
<th>Click here to enter text.</th>
<th>DOB:</th>
<th>Click here to enter text.</th>
</tr>
</thead>
</table>

Signature of Person Submitting Referral

Date

☐ I verify that I have reviewed this referral with the Principal/Principal Designee and it meets the requirements of 8NYCRR Section 200.4(a) (2) (iii).
Request for Referral for an Initial Evaluation to the Committee on Special Education (CSE)

Source: Staff Member, Licensed Physician, Judicial Officer, Staff Member of Public Agency, Student that is at least 18 years of age or emancipated minor

All requests for referrals must be immediately date stamped and forwarded to the Principal or School Official who must follow the written Internal Work Flow CSE Request for Referral Process procedures

Principal or school official review the Request for Referral to determine its completeness with Regulatory requirements (Request for referral from a Judicial Officer or the Student does not require all components)

Professional Staff Member of the District must complete and submit the Request for Referral for an Initial Evaluation to the CSE form

Central Special Education Administrator determines if the Request for Referral for an Initial Evaluation to the CSE contains all necessary information

Yes

Central Special Education Administrator notifies the school official the request for referral is compliant and the 10-school day timeline begins

Principal or school official notifies Parent the request for referral was received

No

Central Special Education Administrator notifies the Principal or school official the Request for Referral is not complete

Principal or school official contacts the person completing the form to obtain the necessary information

Request for Referral for Initial Evaluation to the CSE form is resubmitted

Within 10 school days from the receipt of the referral, the Principal or school official will conduct a meeting with the Parent, the student, if appropriate, and the person submitting the request for referral

Inform Parent of his or her right to refer the student for an initial evaluation to the CSE

Yes

Parent and person submitting the request for referral agree to withdraw

No

Principal or school official and parent develop a written agreement identifying alternative methods, strategies, supports, and schedule a follow-up conference.

Parent signs the Agreement to Withdraw Request for Referral.

Principal or school official send the written agreement to the referral mailbox.

SSA places copy in the cumulative folder and closes out the referral in Frontline.

SSA issues prior written notice (PWN) with consent to evaluate.

Continue Individual evaluation and CSE process

The request for referral process ends
Internal Work Flow Central CSE Referral Process

Request for Referral for Initial Evaluation 200.4 a1a

Request for referral is submitted for Initial Evaluation from the following source: Staff Member, Licensed Physician, Judicial Officer, Staff Member of Public Agency, and student that is at least 18 years old or emancipated minor. Letter is submitted to Principal or School Official.

1. Principal or school official reviews the Request for Referral to determine its completeness with the following Regulatory components. A request for referral submitted by persons other than the student or judicial officer must:
   a. state the reasons for the referral and include test results, record or reports upon which the referral is based;
   b. describe in writing, intervention services, programs or instructional methodologies used to remediate the student’s performance prior to the referral, including any supplementary aids or support services provided for this purpose, or state the reasons why no attempts were made; and
   c. describe the extent of parental contact or involvement prior to the referral.
   d. If request for referral is for Nonpublic schools, additional information is required at the time of submission: proof of residence, birth certificate, and transcript.

2. Principal or school official assigns a professional staff member to complete the Request for an Initial Evaluation to the CSE form within 24 hours. Specific data should be summarized within the form (example 1).

Example 1: The following chart is an example format to use when summarizing the data. Be specific but do not attach student work samples, test protocols, data reports, etc.

<p>| Academic or Behavioral Concern to Address: Amari lacks phoneme awareness and is reading at an early reading level which places her 2+ years below grade level. (Be specific with baseline data relative to peers – observable and measurable – not simply test scores) |</p>
<table>
<thead>
<tr>
<th>Research based Intervention (including frequency and duration)</th>
<th>Start Date</th>
<th>End Date</th>
<th>Outcome Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Small group instruction of 3-5 students with reading specialist, 3x/wk, 30 minutes</td>
<td>11/14/2016</td>
<td>1/13/2017</td>
<td>Amari has difficulty working and staying focused even within the small group setting of 5 students. She is able to identify all phonemes; however, she cannot generalize the skill to unknown words. In 4 of 5 grade level reading attempts, she is unable to transfer knowledge of long and short vowels to unknown words. Amari is observed to become frustrated when encouraged to read in a large group setting.</td>
</tr>
</tbody>
</table>
3. Professional staff member completing the form provides the document to the assigned building clerical staff who scans and emails the completed form to the Central Special Education Administrator.

4. Central Special Education Administrator determines sufficiency and notifies the school official of its sufficiency.
   a. If sufficient, the Principal or school official notifies the parent of receipt of the request for referral.
   b. If not sufficient, the Principal or school official contacts the professional staff member completing the form to obtain the necessary information and resubmit.

5. Once sufficiency is determined,
   a. the Central Special Education Administrator provides a copy of the sufficient form to the SSA who opens up the event in Frontline; and
   b. the Principal or school official conducts a meeting with the Parent, the Student, if appropriate, and the person submitting the request for referral within 10 school days.

6. At the meeting, the Principal or school official discusses other general education supports and/or interventions that may be warranted and informs the parent of his/her right to directly refer the student for an initial evaluation to the CSE.

7. If the parent and the person submitting the request for referral agree to withdraw the referral, the Principal or school official develop a written agreement identifying alternative methods, strategies, supports, and schedule a follow-up conference. The parent signs the agreement and the Principal or school official scans and emails the written agreement to the Central Special Education Administrator.

8. Central Special Education Administrator provides the written agreement to withdraw to the SSA who places a copy in the cumulative folder and closes the referral in Frontline.

9. If there is no withdrawal of the request for referral, the SSA issues a prior written notice (PWN) with consent to evaluate and the CSE process begins.
Request for Referral for an Initial Evaluation to the Committee on Special Education

☐ Bilingual Evaluation Needed (Check the box if the student requires a bilingual evaluation)

<table>
<thead>
<tr>
<th>Student's ID:</th>
<th>Student Name:</th>
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<tbody>
<tr>
<td>Date of Birth:</td>
<td>Gender: Choose an item. Race/Ethnicity: Choose an item.</td>
</tr>
<tr>
<td>Does Student Live with Parents?</td>
<td>☐ YES ☐ No</td>
</tr>
<tr>
<td>If No, With Whom Does the Student Live?:</td>
<td>Relationship:</td>
</tr>
<tr>
<td>Parent/Guardian:</td>
<td></td>
</tr>
<tr>
<td>Home Address:</td>
<td>Home Phone:</td>
</tr>
<tr>
<td>Work Phone:</td>
<td></td>
</tr>
<tr>
<td>Dominant Language of the Student:</td>
<td></td>
</tr>
<tr>
<td>Dominant Language of the Parent:</td>
<td>Interpreter Needed:</td>
</tr>
<tr>
<td>Teacher:</td>
<td>School:</td>
</tr>
<tr>
<td>Grade:</td>
<td></td>
</tr>
<tr>
<td>Referring Person/Title:</td>
<td></td>
</tr>
</tbody>
</table>

*If information is inaccurate please update with school office personnel*

Referral Source (Choose from Drop Down Box)

Choose an item.

Reason for Referral - Description of Action Proposed or Refused

-The CSE is requesting consent to conduct an evaluation to determine initial eligibility for special education services.

Major Areas(s) of Concern: Check each reason for referring this student:

☐ Communication
  ☐ Communicates Basic Needs and Wants
  ☐ Articulation
  ☐ Knowledge of Sound/Letter Association
  ☐ Other Specify:
  ☐ Expressive Language
    ☐ Voice Quality
  ☐ Receptive Language
    ☐ Other Specify:

☐ Academic Performance
  ☐ Oral Expression
  ☐ Written Expression
  ☐ Reading Comprehension
  ☐ Mathematics Calculation
  ☐ Other Specify:
  ☐ Listening Comprehension
    ☐ Basic Reading Skills
  ☐ Reading Fluency
    ☐ Mathematics Reasoning and Application
  ☐ Other Specify:
<table>
<thead>
<tr>
<th>Health, Vision, Hearing and Motor Abilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Gross Motor Skills</td>
</tr>
<tr>
<td>□ Body Control</td>
</tr>
<tr>
<td>□ Locomotion</td>
</tr>
<tr>
<td>□ Vision</td>
</tr>
<tr>
<td>□ Developmental History</td>
</tr>
<tr>
<td>□ Other Specify</td>
</tr>
<tr>
<td>□ Fine Motor Skills</td>
</tr>
<tr>
<td>□ Perceptual Motor</td>
</tr>
<tr>
<td>□ Sensory</td>
</tr>
<tr>
<td>□ Hearing</td>
</tr>
<tr>
<td>□ Other Specify</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social and Emotional Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Interaction with Peers</td>
</tr>
<tr>
<td>□ Interaction with Adults</td>
</tr>
<tr>
<td>□ Compliance of Rules</td>
</tr>
<tr>
<td>□ Acceptance of Consequences</td>
</tr>
<tr>
<td>□ Acceptance to Disappointment</td>
</tr>
<tr>
<td>□ Self Help Skills/Play Skills</td>
</tr>
<tr>
<td>□ Team/Membership</td>
</tr>
<tr>
<td>□ Other Specify</td>
</tr>
<tr>
<td>□ Mood Swings</td>
</tr>
<tr>
<td>□ Repetitive Behaviors</td>
</tr>
<tr>
<td>□ Self Concept</td>
</tr>
<tr>
<td>□ Inactivity or Withdrawal</td>
</tr>
<tr>
<td>□ Cooperation</td>
</tr>
<tr>
<td>□ Self Control</td>
</tr>
<tr>
<td>□ Expression of Feelings/Affect</td>
</tr>
<tr>
<td>□ Other Specify</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>General Intelligence</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Understanding New Concepts</td>
</tr>
<tr>
<td>□ Interpreting Data to Make Decisions</td>
</tr>
<tr>
<td>□ Comparing/Contrasting Ideas of Objects</td>
</tr>
<tr>
<td>□ Perceptual Discrimination</td>
</tr>
<tr>
<td>□ Other Specify</td>
</tr>
<tr>
<td>□ Predicting Events/Results</td>
</tr>
<tr>
<td>□ Problem Solving</td>
</tr>
<tr>
<td>□ Applying Knowledge</td>
</tr>
<tr>
<td>□ Memory</td>
</tr>
<tr>
<td>□ Other Specify</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Work Skills/Technical/Vocational Functioning</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Attending to Task</td>
</tr>
<tr>
<td>□ Following Directions</td>
</tr>
<tr>
<td>□ Independent Work Habits</td>
</tr>
<tr>
<td>□ Seeking Assistance When Needed</td>
</tr>
<tr>
<td>□ Using Research Tools Effectively</td>
</tr>
<tr>
<td>□ Maintaining Physical Stamina</td>
</tr>
<tr>
<td>□ Having Realist Vocational Goals</td>
</tr>
<tr>
<td>□ Other Specify</td>
</tr>
<tr>
<td>□ Punctuality</td>
</tr>
<tr>
<td>□ Completing Work</td>
</tr>
<tr>
<td>□ Organizing Materials/Belongings</td>
</tr>
<tr>
<td>□ Using Technology to Gather/Organize Info</td>
</tr>
<tr>
<td>□ Identifying Preferences/Interests</td>
</tr>
<tr>
<td>□ Recognizing Personal Limitations</td>
</tr>
<tr>
<td>□ Other Specify</td>
</tr>
</tbody>
</table>

Specialized Equipment Currently Used By Student:

| List Device/Equipment: | Date(s) Used: |

Explaination of Why Action Is Proposed Or Refused (Choose from drop down box)
Choose an item.

Department of Specialized Services 07/06/2017
Summary of Standardized Group Test Data (Description of evaluation procedure, assessment, records, or reports used in the decision to propose or refuse the action)

Achievement – Include test name, date and score

<table>
<thead>
<tr>
<th>Reading</th>
<th>Math</th>
<th>ELL Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choose an item.</td>
<td>Choose an item.</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>Choose an item.</td>
<td>Choose an item.</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>Choose an item.</td>
<td>Choose an item.</td>
<td>Choose an item.</td>
</tr>
</tbody>
</table>

Description of each evaluation, procedure, assessment and record or report used in the decision to propose or refuse the action (Choose from Drop Down Box)
Choose an item.

Physical Functioning:

Attach documentation for results of each screening.

<table>
<thead>
<tr>
<th>VISION</th>
<th>HEARING</th>
<th>MOTOR</th>
<th>SPEECH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required for all students referred for special education</td>
<td>Required as determined by the RtI committee</td>
<td>Required as determined by the RtI committee</td>
<td></td>
</tr>
<tr>
<td>Screening Date:</td>
<td>Screening Date:</td>
<td>Screening Date:</td>
<td>Screening Date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Passed</td>
<td>[ ] Passed</td>
<td>[ ] Passed</td>
<td>[ ] Passed</td>
</tr>
<tr>
<td>[ ] Failed</td>
<td>[ ] Failed</td>
<td>[ ] Failed</td>
<td>[ ] Failed</td>
</tr>
</tbody>
</table>

Department of Specialized Services

07/06/2017
Student Supports:

Does the student currently have the following:

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>504 Accommodation Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ERSS Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe any Existing Health Conditions Below:

Is Student Currently on Medication?: ☐ Yes ☐ No

Involvement with Outside Agency(ies): ☐ Yes ☐ No  Agency:

Describe services that are being provided to this student by agency(ies) listed above:
Check the evaluations that are proposed to be conducted:

Required for all initial evaluations:
- [ ] Psychological Evaluation
- [ ] Classroom Observation
- [ ] Social History
- [ ] Health Assessment

Indicate additional evaluations required to address areas of suspected disability:
- [ ] Functional Behavior Assessment (required for all referrals where behavior is impacting learning)
- [ ] Speech/Language Evaluation
- [ ] Occupational Therapy Evaluation
- [ ] Physical Therapy Evaluation
- [ ] Assistive Technology
- [ ] Other

Extent of Parent Contact/Involvement:

Description of Any Other Option Considered and Reasons Rejected:
- [ ] There were no other options considered at this time
- [ ] Other options considered at this time include:
  These options were not recommended because:

Description of Any Other Factors That Are Relevant:
Response to Intervention/Student Support Team Decision

List Team Members:

☐ This referral indicates a suspected disability and there is a need for an individual evaluation.
☐ The student participated in Response to Intervention (RtI)
☐ The student participated in Academic Intervention Service (AIS)

Describe the level and outcome of RtI/AIS provided to the student:

Date of Team Decision:

Signature of Person Submitting Referral ______________________________ Date __________________________

Signature of Central Special Education Administrator __________________________ Date __________________________

☐ I verify that I have reviewed this referral with the Principal/Principal Designee and it meets the requirements of 8NYCRR Section 200.4(a)(2)(iii).

Department of Specialized Services 07/06/2017
November 16, 2017

Request for Committee on Special Education for a Classified Student
Part 200.4

1. A request for a CSE meeting for a classified student can be submitted by the following sources: Parent, Designee of the School District, Commissioner or Designee of a Public Agency, Designee of a Childcare Institution with a CSE, Staff Member, Licensed Physician, Judicial Officer, Staff Member of a Public Agency, Student that is at least 18 years old or emancipate minor (includes staff members from BOCES, Charter Schools, Nonpublic Schools and Approved Private Schools). Parent requests can be verbal, written, or electronically submitted.

2. All Requests for a CSE for a Classified Student must be immediately forwarded to the Principal or school official.

3. Principal or school official coordinates with professional staff member(s) to complete the Request for CSE Meeting for a Classified Student.

4. Request for CSE Meeting for a Classified Student form is provided to the School CSE Designee for processing (opening draft) and to start the compliance clock.

5. If request results in a need for a reevaluation, the School CSE Designee completes the PWN with consent to evaluate (utilizing the information provided in the referral form) and sends to parent with a stamped addressed envelope.
   a. Signed consent is sent to School CSE Designee.
   b. School CSE Designee logs consent in process log, files the signed consent in the student’s cumulative file, and informs Principal that consent was received and provides Principal 60-day timeline.
   c. School CSE Designee notifies the School Psychologist of receipt of the consent to evaluate
   d. Psychologist collaborates with team (psych, SLP, SW, SET) to coordinate evaluations and ensure compliance with timeline.
   e. Psychologist informs the Principal or school official of completion of evaluations (within 60-day timeline).
   f. Principal or school official informs school clerical that the meeting can be scheduled since evaluations have been completed (must be scheduled within 60 school days of receipt of consent to evaluate or within 60 school days of referral if no evaluations are necessary). School clerical sends Notice of Meeting to all parties (parent must have 5-day notice of meeting).
   g. If the request results in a reevaluation that may include consideration of a more restrictive placement (as determined by the psychologist and school team), the School CSE Designee notifies the assigned Central Office SSA or Clerk 1 who will schedule the CSE meeting with a Central Office CASE.

6. If the Request for CSE Meeting for a Classified Student does not result in a need for a reevaluation, the Principal or school official informs school clerical that the meeting can be scheduled (must be scheduled within 60 school days of referral if no evaluations are necessary). School clerical sends Notice of Meeting to all parties (parent must have 5-day notice of meeting).
Department of Specialized Services
Committee on Special Education
131 West Broad Street
Rochester, NY 14614

Request for CSE Meeting for Classified Student

☐ Bilingual Evaluation Needed (Check the box if the student requires a bilingual evaluation)

<table>
<thead>
<tr>
<th>Student's ID:</th>
<th>Student Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>Gender: Female</td>
</tr>
</tbody>
</table>

Does Student Live with Parents? ☐ YES ☐ NO

If No, With Whom Does the Student Live?: __________________________ Relationship: ________________________

Parent/Guardian: __________________________

Home Address: __________________________

Home Phone: __________________________ Work Phone: __________________________

Dominant Language of the Student: English

Dominant Language of the Parent: English Interpreter Needed: __________________________

Teacher: __________________________ School: __________________________ Grade: __________________________

Requestor Name/Title: __________________________

Request Source (Choose from Drop Down Box)

Type of Request (Choose from Drop Down Box)

Reason for Request - Description of Action Proposed or Refused (Choose from Drop Down Box)

Explanation of Why Action Is Proposed or Refused (Choose from Drop Down Box)

Choose an item.

Check the evaluations that are proposed to be conducted:

☐ Psychological Evaluation  ☐ Classroom Observation  ☐ Social History

☐ Health Assessment  ☐ Functional Behavioral Assessment  ☐ Speech/Language Evaluation

☐ Occupational Therapy Evaluation  ☐ Physical Therapy Evaluation  ☐ Assistive Technology

☐ Other: Specify __________________________

Bilingual Evaluation:

☐ Bilingual Evaluation Needed (Check the box if the student requires a bilingual evaluation)

Department of Specialized Services 07/06/2017
Extent of Parental Contact/Involvement:

Description of Any Other Option Considered and Reasons Rejected:
☐ There were no other options considered at this time
☐ Other options considered at this time include:
These options were not recommended because:

Description of Any Other Factors that are relevant:

________________________  __________________________
Signature of Person Submitting Referral  Date
AGREEMENT FOR WITHDRAWAL OF A COMMITTEE ON SPECIAL EDUCATION REFERRAL

Date: Click here to enter text

I know the Referral to the Committee on Special Education (CSE) was submitted for my child:

Last Name: Click here to enter text. First Name: Click here to enter text. Date of Birth: Click here to enter text. ID#: Click here to enter text. Address: Click here to enter text. School: Click here to enter text.

I know I have the right to have my child tested and have the results reviewed by the CSE. I also know that the CSE would formally meet with me and determine whether my child is eligible for special education programming, and/or services.

At this time my decision to withdraw the CSE referral is due to the following reasons:

________________________________________________________________________

________________________________________________________________________

I understand I may change my mind at any time and refer my child to the CSE. I can do this by writing to the Principal at my child's school.

The area of concern is:

________________________________________________________________________

In meeting with school officials, it was determined that possible supports and/or solutions to address the area of concern prior to a CSE referral are:

________________________________________________________________________

We will meet again on or about ___________ to review my child’s progress and to decide if a CSE referral should be submitted.

________________________________________________________________________

Parent/Guardian Signature          Date          School Administrator’s Signature          Date

Department Specialized Services updated 7/10/17