



Gardner Packard Children's Health Center
3351 El Camino Real, Suite 100
Atherton, CA 94027
(650) 362-2500; fax 650-362-2584

Date: _____

Principal or Special Education Director Name: _____

School District: _____

School District Address: _____

School District Phone/Fax: _____

RE: Assessment Referral

Dear Director of Special Education,

I am writing to refer the following patient for an assessment to determine eligibility for special education and related services:

Child's Name: _____

Date of Birth: _____

School: _____

I am concerned about this child's development in the following areas:

- Academic Achievement
- Intellectual development
- Language/Speech Communication Development
- Motor Development
- Social/Emotional
- Adaptive/Behavior
- Impact of child's health on school performance
- Other:

This child has been diagnosed with the following health problems or disabilities:

- None
- ADHD
- Autism
- Other

Schools are required to locate, identify and evaluate all children with disabilities from birth through age 21. The Child Find mandate applies to all children who reside within a State, including children who attend private schools and public schools, highly mobile children, migrant children, homeless children, and children who are wards of the state. (20 U.S.C. 1412(a)(3)) This includes all children who are suspected of having a disability, including children who receive passing grades and are "advancing from grade to grade." (34 CFR 300.111(c)) The law does not require children to be "labeled" or classified by their disability. (20 U.S.C. 1412(a)(3)(B); 34 CFR 300.111(d)).

Under California law, physicians can make referrals to school districts to assess a child for special education and related services. (Cal Ed. Code § 56302 (“[i]dentification procedures shall include systematic methods of utilizing referrals of pupils from teachers, parents, agencies, *appropriate professional persons*, and from other members of the public.” (emphasis added), 5 Cal. Code of Regulations § 3021; see also 20 U.S.C § 1412(a)(3), 34 C.F.R. Part 300.111.)

Accordingly, I am requesting that the School District conduct a complete evaluation of this child, including specific assessment relevant to the concerns noted above.

I am also requesting that this child be evaluated under Section 504 of the Rehabilitation Act of 1973 for the presence of any educational service needs that may require any accommodation or program modification not available under special education, or if my patient is not found eligible for special education. I also request that the Section 504 Coordinator for your school district be present at the initial IEP meeting to discuss the results and recommendations of the Section 504 evaluation.

Please send an assessment plan to this child’s family at the address below within 15 days of this request.

Thank you for your prompt attention to this matter.

Signature: _____

Printed name: _____

PARENT REQUEST/CONSENT:

I agree with the concerns noted above and request that the school district complete a full evaluation to determine my child’s eligibility for special education services. I also request that my child be evaluated under Section 504 of the Rehabilitation Act of 1973 for the presence of any educational service need that may require any accommodation or program modification not available under special education or if my child is not found eligible for special education.

Child’s name: _____

Parent/guardian name: _____

Address: _____

City, State, Zip Code: _____

Daytime Telephone: _____

Parent/guardian signature: _____