



Special Education Programs Referral Form

student services
Trina Prazier
assistant superintendent

Please read instructions carefully to help prevent a delay in processing your application

District of Residence

Student Name: _____ Date of Birth: _____ Place of Birth: _____ Male Female _____
Student Lives with: Parent(s)/Guardian(s) Foster Group Home/LCI Other: _____ Grade _____ SSID#: _____
Student Address: _____ City: _____ Zip Code: _____
Name of Parent/Guardian: _____ Phone: _____ Educational Rights Holder: _____

Type of Referral (Check one) **Interim** (attach district enrollment form **AND** indicate referral is an **Interim** in email subject heading)
 Initial Other: Please provide an explanation in cover letter

Special Education Program for Consideration (Check one) [Click here for link to Special Education Program Criteria](#)
 PIP - Autism Preschool Intervention Program (3-5 years of age) ED - Emotionally Disturbed Program (K - 22 years old)
 CIRCLE - Autism Program (Transitional Kindergarten - 6th grade) Grades K-12 ED Post H.S. (Ages 18-22)
 DHH - Deaf and Hard of Hearing (Preschool - High School) **ESN** - Extensive Support Needs (Moderate to Severe Disabilities)
 Ages 3-18 ESN Post H.S. (Adult Transition Program/ATP)

Least Restrictive Environment (LRE) Placement/Support Options Previously Provided
 General Education Program Additional Classroom Support Staff
 Small Group Instruction in General Education (RTI, etc.) Special Ed. General Ed.
 Specialized Academic Instruction (SAI), Resource Specialist (RSP), etc.
 Special Day Class (SDC) Related Services
 Behavior intervention plan/Direct Treatment Protocol Other: _____
 SELPA Supports (ERMHS, BIT, Autism Consultant, etc.)
Current Supports (check all that apply)
 1:1 Classroom Assistant Car Seat Bus Assistant
 1:1 LVN/Health Aide Wheelchair Safety Vest Other: _____

The full continuum of placement options have been exhausted by the district.
Signature: _____ Date: _____
District/LEA Representative/Administrative Designee

Please include the following documents and information with this referral
 1. **Parental Authorization Form** (Note: Not required for interim referral to County Program)
 2. **Cover Letter**- statement of why referral to the FCSS Special Education Program has been determined appropriate, including interim referral
 3. **Current IEP**- including progress reports, notes and signature page with signatures
 (a) Behavior Intervention Plan or Direct Treatment Protocol (One option is required for ED referral)
 4. **Language Information**
 (a) Home Language Survey
 (b) ELPAC or VCCALPS scores
 5. **Birth Certificate** (or other verification of birth date and birth place)
 6. **Current Health Information**
 (a) Health Report - including vision and hearing screening
 (b) Immunization Record/Waiver
 (c) Health Plan (if appropriate)
 (d) Audiological Evaluation (only for DHH referrals)
 (e) Medical Reports (as appropriate)
 7. **Multidisciplinary or Individual Reports including:**
 (a) Psychoeducational Report - PIP (within last 6 months), CIRCLE, DHH, ED (within the last year), ESN (within last 2 years/preschool within last 6 months)
 (b) Speech and Language Report
 (c) Other (OT, APE, DHH, VI, OI, O&M, etc.)
 (d) Consultation notes/reports from SELPA supports (ERHMS, BIT, Autism Consultant, etc.)

District Contact Information *This is the person we will be contacting for questions about the referral*
Referring Person: _____ Date: _____
Title: _____
Email address: _____ Contact Number: _____

Please submit completed referral packet via email only to: sped-referrals@fcoe.org
Questions: (559) 265-3001 Pupil Personnel Services Department, Fresno County Superintendent of Schools



Fresno County Superintendent of Schools Special Education Services - Parental Authorization

Dear Parents/Guardians:

Your child is being referred to a special education program operated by the Fresno County Superintendent of Schools (FCSS) Special Education Department. Prior to your child being considered for placement in an FCSS program, you must sign and date this form, which will become part of the referral packet.

Special Education Programs for Consideration (check one):

- PIP** - Autism Preschool Intervention Program
- CIRCLE** - Autism Program (Transitional Kindergarten-6th grade)
- DHH** - Deaf and Hard of Hearing Program
- ED** - Emotionally Disturbed Program
- ESN** - Moderate/Severe Disabilities

Please know that, as the student's parents/guardians:

- You will be invited to be present at the Individualized Education Program (IEP) team to discuss placement consideration; and
- You will be contacted in advance of the IEP team meeting date, and notified of the time and place of the IEP team meeting; and
- Your child will not be placed in an FCSS program without your written consent; and
- If home-to-school transportation is required, it will be arranged by your child's school district.

We, the undersigned parents or guardians, hereby request that the Fresno County Superintendent of Schools, give consideration to the placement of our child,

_____ *Student Name*

_____ *Date of Birth*

in a special education program operated by the Fresno County Superintendent of Schools in accordance with provisions of the California State Education Code. We give the Fresno County Superintendent of Schools special education staff permission to observe my child in his/her educational setting and/or include interviewing the student, interviewing staff, reviewing records and the like.

_____ *Signature of Parents/Guardians*

_____ *Date*

_____ *Signature of District/LEA Representative/Administrative Designee*

_____ *Date*

_____ **Print Name**

_____ **Title**