# Special Education Programs Referral Form

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

Student Services
Trina Frazier
Assistant Superintendent

## Identifying Information

| | | | |
|---|---|---|---|
| Student Name: | Date of Birth: | ☐ Male ☐ Female ☐ Nonbinary | |
| District of Residence: | Grade: | SSID: | Interdistrict Transfer? ☐ Yes ☐ No |
| Student Address: | City: | Zip Code: | |

Student Lives With: ☐ Parent/Guardian(s) ☐ Foster ☐ Homeless ☐ Short-Term Residential Therapeutic Program/ Group Home (STRTP)

| | | |
|---|---|---|
| Name of Parent/Guardian or Ed Rights Holder: | Phone: | Email: |

## Type of Referral

**Initial referral**: Please check the program you are referring the student to, and all the boxes that apply below the program heading.
*Click here for link to Special Education Program criteria*

**Interim referral**: If referral is an interim, please check the interim box. (when submitting application, type "Interim" in email subject heading)
*Click here for link to Interim Placement flow chart and required documentation*

| **PIP** *(Preschool Autism)* ☐ Initial ☐ Interim | **CIRCLE** *(Elementary Autism)* ☐ Initial ☐ Interim | **TIES** *(ED)* ☐ Initial ☐ Interim | **ESN** ☐ Initial ☐ Interim | **DHH** ☐ Initial ☐ Interim |
|---|---|---|---|---|
| ☐ 3-5 years old<br>☐ Primary Autism<br>☐ Language deficits<br>☐ Social deficits<br>☐ Behavioral needs<br>☐ Not I.D.<br>☐ Assessment within 6 months | ☐ TK-6th grade<br>☐ Primary Autism<br>☐ Language deficits<br>☐ Speech service & goal<br>☐ Social deficits<br>☐ Related goal<br>☐ Behavior deficits<br>☐ Related goal &/or BIP/DTP<br>☐ SAI or other services that address social and behavior deficits<br>☐ District LRE continuum exhausted prior to referral<br>☐ Not I.D. or Fragile X<br>☐ Assessment within 1 year | ☐ Primary ED<br>☐ Behavior deficits<br>☐ Current BIP or DTP<br>☐ SAI or other services that address social and behavior deficits<br>☐ Placement requires an SDC setting at least 50% of the day<br>☐ District LRE continuum exhausted prior to referral<br>☐ Not I.D.<br>☐ Not Primary Autism or TBI<br>☐ Assessment within 1 year | ☐ Primary or Secondary I.D.<br>In general:<br>☐ Cognitive <55<br>☐ Adaptive <55<br>☐ Academic <55<br>☐ TK- adult- Assessment within the past 2 years<br>☐ Preschool- Assessment within 6-12 months | ☐ Bilateral hearing loss with at least a moderate loss in the better ear<br>☐ Communicates with, or is learning to communicate through ASL<br>☐ DHH Oral Preschool- Wears hearing devices all day<br>☐ Assessment within 1 year |

## LRE/Classroom Supports

Please note additional LRE placement/support options previously provided to student:

☐ General Education
☐ General Education Small Group Instruction
☐ Specialized Academic Instruction (SAI/RSP)
☐ Special Day Class (SDC)
☐ Additional Classroom Support Staff
☐ Sp. Ed. ☐ Gen. Ed.

☐ Related Services: _____
☐ Behavior Intervention Plan/ Direct Treatment Protocol (BIP/DTP)
☐ Functional Behavior Assessment (FBA)
☐ SELPA Supports (Autism Consultation)
☐ 1:1 Classroom Assistant
☐ Other: _____

☐ 1:1 LVN/Health Aide
☐ Car Seat
☐ Wheelchair
☐ Bus Assistant
☐ Safety Vest

## Documentation

Please include the following documents and information with this referral:

☐ Parent Authorization Form (Not required for Interim referral)
☐ Cover Letter: Statement of why referral to the FCSS Special Education Program has been determined appropriate.
☐ Current IEP- including progress reports, notes, BIP/DTP (if applicable) and signature page with signatures.

☐ Language Information
☐ Home Language Survey
☐ Birth Certificate

☐ Current Health Information
☐ Health Report- Including vision & hearing screening
☐ Immunization Record/Waiver
☐ Health Plan (if appropriate)
☐ Audiological Evaluation (for DHH referrals)
☐ Medical Reports (as appropriate)

☐ Multidisciplinary or individual reports including
☐ Psychological Report
☐ Academic Report
☐ Speech and Language report
☐ Other (OT, APE, DHH, VI, OI, O&M, etc.)
☐ Consultation notes/reports from SELPA (Autism Team)

## District Authorization

**District Contact Information** * This is the person we will be contacting for questions about the referral

| | | |
|---|---|---|
| Referring Person: | Title: | |
| Email address: | Contact Number: | Date of referral: |

**District/LEA Representative/Administrative Designee**:

☐ This student is an interim, **OR** the full continuum of placement options has been exhausted by the district.

| | |
|---|---|
| Signature: | Print Name: |
| Title: | Date: |

**Please submit completed referral packet via email only to: *sped-referrals@fcoe.org***

**Questions:** (559) 265-3001 Pupil Personnel Services Department, FCSS

Student Services
Trina Frazier
Assistant Superintendent

# 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*
☐ **ESN** - *Moderate/Severe Disabilities*
☐ **CIRCLE** - *Autism Program*
☐ **DHH** - *Deaf and Hard of Hearing Program*
☐ **TIES** - *Targeted Intervention for Emotional Support Program*

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***

_____
**Print Name**