

**Notice of Referral: Initial**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Dear Parent:

The Committee on Special Education has received a referral from  
\_\_\_\_\_ at \_\_\_\_\_  
(name/title) (school/agency)

requesting an evaluation of your child to determine his/her educational disability and whether special education services are necessary.

It will be necessary to evaluate your child to determine if s/he has an educational disability. This evaluation will include a social history, psycho-educational evaluation, a classroom observation, and other appropriate assessments or evaluations as necessary to determine your child's educational needs. You will also be asked to give us a physical examination of your child which will be considered during the evaluation. A Request for Physical Examination Form, attached to this letter, should be completed by your doctor.

We will need your written consent so that we may conduct these evaluations. We also need background information about your child. This information is called a "social history." Therefore, a social worker at your child's school or from the Committee on Special Education Office will contact you shortly to arrange a mutually convenient date for a meeting. The social worker will then request your written consent to evaluate your child and, if you consent, a social history will be completed.

You should know that the principal of your child's school may request a meeting with you to determine whether your child could benefit from alternatives to special education before proceeding with a special education evaluation. If you agree with the proposed plan by the principal, the referral will be withdrawn.

If you have any questions, please contact \_\_\_\_\_ at \_\_\_\_\_ on the following days of the week: \_\_\_\_\_.

The law provides you with certain rights, including procedural safeguards, in connection with this referral. The Notice of Parental Rights is attached.

Attachment: Notice of Parental Rights

A copy must go to:  Principal  School Psychologist  Student File

or: \_\_\_\_\_