



REQUEST FOR INITIAL SPECIAL EDUCATION EVALUATION

Procedural Safeguards must be provided to parent/guardian upon initial referral or when the parent requests an evaluation, in accordance with MDE 34 CFR 300.504

Student Name _____ Sex _____ DOB _____ Grade _____ Race _____

School _____ Contact Teacher _____

Parent/Guardian _____

Address _____ City _____ Zip Code _____ County _____

Resident District _____

Home Phone _____ Cell _____ Email _____

Requesting Person _____ Phone _____ Email _____

Has the student been retained (yes, no) _____ Do they wear glasses/hearing aids: _____

Initiated Request: Parent Teacher Principal Other _____

Statement/Area(s) of Concern _____

_____ Academic _____ Social Emotional _____ Behavior _____ Gross Motor _____ Fine Motor _____ Sensory

_____ Language _____ Articulation _____ Adaptive Behavior _____ Health Related _____ Other _____

***Please indicate which of the following REQUIRED documentation is attached to this form:**

Intervention Log/Benchmark Data/IRIP/Child Study/TAT/SAT/Data Day etc.

Relevant prior testing

Behavior documentation-Not anecdotal information, discipline referrals, frequency, intensity and duration

State and District assessment results (past 3 years)

Current progress this marking period: Attendance, grades, missing work, most recent report card/progress report

Documentation of Medical Diagnosis/Physician's Statement

Other documents pertaining to the above area of concern: _____

Referring Person

*District Representative Signature

*Date of Receipt of Request by District

Date Received by MOISD

Due Date for Parent Notification/Request for Consent

- Parent/Guardian received copy of *Procedural Safeguards Notice* booklet
- A PDF copy of the Procedural Safeguards Notice was emailed to Parent/Guardian per their request [Procedural Safeguards Link](#)



Request for Initial SE Evaluation(Referral) Guidelines

The **Request for Initial Special Education Evaluation (Referral)** form is available on the MOISD Website, under SPEC. ED. FORMS AND RESOURCES <https://www.moisd.org/departments/special-education/forms-and-resources/>
Titled: **REQUEST FOR INITIAL SPECIAL EDUCATION EVALUATION**

Who can **make a Request (Referral)** for an Initial Special Education Evaluation?

- Parent of a child or a Public Agency may request an initial evaluation when a student is suspected of having a disability

What needs to be done if a **student is a move-in** from another state?

- The school district must complete a **Request for Initial SE Evaluation (Referral)** form along with the **New Enrollment In Special Education Programs and Services** found under <https://www.moisd.org/departments/special-education/forms-and-resources/> *for all out-of-state move-ins who do not have a valid Michigan MET.*

What if the Initial Request is being made for a **student who already receives special education services**?

- The Request for Initial SE Evaluation is not needed. A ReEval REED for additional/updated testing should be completed.

Who can **fill out** the Request for Initial SE Evaluation?

- Parent (if the parent completes the first section of the form, please review it to ensure it has been filled out *completely and is legible* before submitting)

PLEASE NOTE: When a parent makes a verbal request for an initial evaluation, the district must support the parent in documenting their request.

- School employee

What information is entered in the **Statement/Area of Concern(s)**?

- Give a brief, clear description of the reason for the request.

What **documentation** needs to be sent to the MOISD SE Office with the request?

- Review the REQUIRED documentation list on the request form, and send *all* relevant records/documents.
***No documentation is required for "speech only" referrals.**

Who **signs and dates** the Request for Initial SE Evaluation?

- An *Authorized* District Designee must sign on the line above **District Representative Signature** and *date* on the line above **Date of Receipt of Request by District** before the request can be processed by the ISD Special Education office.

**If the signature and date are not filled in, the form will be returned to the sender.*

- The referring person can be named on the line above Referring Person

What if a **parent or public agency submits an Initial Referral**? Who does it go to for a signature?

- The Request for Initial SE Evaluation will be sent to the local district representative (*where the student currently resides*) to be signed and dated.

What happens next?

1. **Give parent a copy of the Procedural Safeguards Notice**, or send parent a PDF copy via email.
Check the box at the bottom of the form indicating how the parent received their copy.
2. The **same day the request is dated**, the local district should send the **completed Initial Request**, including required documentation to specialeducation@moisd.org The MOISD eval team has **10 school days** from the date the Initial Request is *dated as received by the district* to determine whether or not the district will conduct an evaluation and if so, must request parental consent to evaluate within the 10 days.
3. **ISD Special Education office will fill in the Date Received by MOISD and Due Date for Parent Notification/Request for Consent**, and the **10-day Due Date** for the Initial REED/determination to evaluate will be emailed to the appropriate eval team members, school secretary, district special education REED supervisor and school administrator with a copy of the Initial Request, including documentation.