Date Sent/**Feche de Envío*

_____

WESLACO INDEPENDENT SCHOOL DISTRICT
Special Education Department
814 E. Plaza St Weslaco, Texas 78596
Phone (956) 969-6822 Fax (956) 969-6965

Child Find
Checklist for Referral Packet

The following forms must be included with all Child Find/ECI referrals:

1. ☐ Face to Face Meeting Form (Diagnosticians only, date 8/09)
2. ☐ Child Find Referral Request Form (updated 8/09)
3. ☐ ECI Referral Packet, 5 pages (updated 8/09)
4. ☐ Speech and Communication Information (for speech referrals) (updated 8/09)
5. ☐ Notice of Full and Individual Evaluation (updated 8/09)
6. ☐ Consent for Full and Individual Evaluation (updated 8/09)
7. ☐ Receipt of Procedural Safeguards
8. ☐ Consent to Release Confidential Information (as needed) (updated 8/09)

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WESLACO INDEPENDENT SCHOOL DISTRICT
Special Education Department
814 E. Plaza St Weslaco, Texas 78596
Phone (956) 969-6822 Fax (956) 969-6965

CHILD FIND REFERRAL REQUEST

Student/*Estudiante*: _____ **DOB**/*FDN*: _____ **Grade**/*Grado*: _____
Campus/*Escuela*: _____ **SS**/*ID#*: _____

REASON FOR REFERRAL: Please state the specific reason(s) for referral in one or more of the areas listed below, **cite specific examples for each reason listed**, and attach work samples for each concern.

☐ ACADEMIC CONCERNS (enrolled in school)

☐ MEDICAL/PHYSICAL CONCERNS

☐ OTHER/CONCERNS: ____

☐ BEHAVIORAL CONCERNS (**if it affects educational performance**)

☐ SPEECH CONCERNS

Please state the specific reason(s) for referral in the area(s) of concern: _____

_____

_____

_____

_____ _____
Signature of Person Initiating Referral Position/Title

Special Education may begin the evaluation process only when all of the required information has been submitted in writing as per STATE BOARD OF EDUCATION RULES (89.1030). The date below is the date when the referral was received by the Special Education Department.

1.) The campus/agency has **15 calendar days** after the date that the Referral Team recommended a Referral to Special Education to submit the referral packet to the Special Education Department.
2.) The evaluation process will be completed within 45 school days of the date of the Parent Consent for Evaluation and/or before the child's 3rd birthday.
3.) The ARD committee meeting must be scheduled no later than 30 days after the date of the written evaluation report. (If the deadline occurs when school is not in session, during the summer, the ARD Committee shall have until the 1st day of classes to make the placement decision.

FOR OFFICE USE ONLY:
SIGNATURE OF PERSON RECEIVING REFERRAL:_____
DATE SPECIAL EDUCATION RECEIVED THE COMPLETED REFERRAL PACKET:_____

Modified 8/09

Date Sent/**Feche de Envío*

_____

WESLACO INDEPENDENT SCHOOL DISTRICT
Special Education Department
CHILD FIND REFERRAL INFORMATION

Student/*Estudiante*: _____ **DOB**/*FDN*: _____ **Grade**/*Grado*: _____
Campus/*Escuela*: _____ **SS**/*ID#*: _____
Address: _____ **Phone#:** _____ **Cell#:**
Parent/ Guardian _____

LANGUAGE DOMINANCE

The child's dominant language is _____ as determined by:

Parent Information: _____
Formal assessment: _____
Evaluation Date Results
Family only speaks _____
The child demonstrates understanding of _____
Observation: _____
Other: _____
Other: _____
LPAC recommendation? ☐ YES ☐ NO Describe: _____

PREVIOUS SERVICE/EVALUATIONS

Has your child received any specialized services or evaluations from any source? ___YES ___NO

If yes, provide the following information:
What service/evaluation(s)? _____
_____
Provided by whom and where? _____
Dates of service/length of service? _____
Results of the intervention/evaluation? _____
_____

PREVIOUS SCHOOL EXPERIENCE

Does or has your child attended any preschool, daycare, or organized groups? ___YES ___NO
If yes, then describe:
Type of program _____ where _____
Dates of service/Length of service _____
Results of the intervention? _____
_____

Was attendance regular? ___YES ___NO
How many absences/total possible?)_____.

Date Sent/**Feche de Envío*

_____

Student/*Estudiante*: _____ **DOB**/*FDN*: _____

SKILLS – Based on your knowledge and observation, please rate the following:

	Unsatisfactory			**Excellent**		**Comments**
RECEPTIVE LANGUAGE	**1**	**2**	**3**	**4**	**5**	
Responds to sounds or voices	☐	☐	☐	☐	☐	
Comprehends word meanings	☐	☐	☐	☐	☐	
Follows simple directions	☐	☐	☐	☐	☐	
Listening skills seem adequate	☐	☐	☐	☐	☐	
Has age appropriate level of understanding	☐	☐	☐	☐	☐	
EXPRESSIVE LANGUAGE						
Has clear/intelligible production of speech sounds	☐	☐	☐	☐	☐	
Do others understand when he/she speaks	☐	☐	☐	☐	☐	
Uses age appropriate vocabulary, sentences, etc.	☐	☐	☐	☐	☐	
Voice quality	☐	☐	☐	☐	☐	
Can tell you about a story or event	☐	☐	☐	☐	☐	
Shows adequate or good recall of words/sentences	☐	☐	☐	☐	☐	
Rhythm/Flow of speech (stuttering)	☐	☐	☐	☐	☐	
EMOTIONAL/BEHAVIORAL/SOCIAL						
Generally cooperative with parents	☐	☐	☐	☐	☐	
Adapts well to new people	☐	☐	☐	☐	☐	
Plays well with other people	☐	☐	☐	☐	☐	
Appears to be a happy child	☐	☐	☐	☐	☐	
Likes to be praised	☐	☐	☐	☐	☐	
Gets upset when scolded	☐	☐	☐	☐	☐	
Initiates own activities	☐	☐	☐	☐	☐	
Is easily frustrated or discouraged	☐	☐	☐	☐	☐	
MOTOR COORDINATION						
Demonstrates adequate fine motor coordination	☐	☐	☐	☐	☐	
Demonstrates adequate gross motor coordination	☐	☐	☐	☐	☐	

Describe your child's feeding, include use of utensils, food preference, etc: _____

_____

_____

Is your child toilet trained? ☐ YES ☐ NO Comments: _____

_____

_____

Describe your child's behavior at home / what does he like to do: _____

_____

_____

What kind of discipline do you use? _____
Is it successful? ☐ YES ☐ NO

Date Sent/**Feche de Envío*

_____

Student/*Estudiante*: _____ **DOB**/*FDN*: _____

FAMILY HISTORY

This information is provided by _____ to _____

Father's name: _____ Occupation: _____ Wk#: _____

Mother's name: _____ Occupation: _____ Wk#: _____

Do both parents live in the child's home? ☐ YES ☐ NO

If NO, with whom does the child live _____

Name Relationship to the child

Does the child have a surrogate parent? ☐ YES ☐ NO

If Yes, Name: _____ Occupation: _____ Wk/Hm#: _____

Other children in the home:

Name	**Age**	**Relationship To Child**	**School Attending**	**Special Services**

Other adults in the home:

Name	**Relationship to Child**	**Comments**

Any other family members that had any significant learning problems or received special services when they attended school? ☐YES ☐ NO If YES, explain: _____

_____

_____

Have there been any important changes in your family during the child's lifetime? (For example, births, deaths, moves, illnesses, separations or divorce) ☐ YES ☐ NO If yes, explain: _____

_____

_____

Date Sent/**Feche de Envío*

_____

Student/*Estudiante*: _____ **DOB**/*FDN*: _____

HEALTH INFORMATION

SCREENING	**VISION**	**HEARING**
DATE		
TYPE		
GIVEN BY		
RESULTS		
FURTHER ASSESSMENT REQUIRED		

Were there any problems before, during or after your child's birth? ☐ YES ☐ NO If Yes, please explain:

_____

_____

Name of your child's physician/pediatrician: _____Telephone #:_____

Date of last office visit:_____Reason:_____

Does your child exhibit any obvious signs of health or medical problems(s) ☐ YES ☐ NO If Yes, please explain:

_____

_____

Is there a need for further medical information/evaluation before assessment is completed?
☐ YES ☐ NO If Yes, please explain:

_____

_____

Describe any serious illnesses, accidents, or hospitalizations your child may have experienced since his/her birth:

_____

_____

Is your child currently taking any medication? ☐ YES ☐ NO If Yes, please explain:

_____

_____

Are there routine medications that your child takes that might need to be administered at school should he/she attend?
☐ YES ☐ NO If Yes, please explain:

_____

_____

Does your child use any type of assistive technology devices? (Ex: wheelchair, stander, walker, hearing aids, eye glasses, etc.) ☐ YES ☐ NO If Yes, please explain:

_____

_____

Date Sent/**Feche de Envío*

_____

Student/*Estudiante*: _____ **DOB**/*FDN*: _____

SIGNATURE OF THOSE INVOLVED IN THE REFERRAL PROCESS

SIGNATURE	POSITION
	Interpreter (If Used)

Attached (please check all that apply):

Referral Request
Receipt of Procedural Safeguards
Notice of Evaluation
Consent for Evaluation
Consent to Release Confidential Information from the following physicians/agencies:

Medicaid Notice to Parents
Report from other agencies - Identify:_____
Doctors reports – Identify:_____
Available evaluation(s) – Identify:_____

Modified 8/09

Date Sent/**Feche de Envío*

_____

INFORMATION FROM TEACHERS/PARENTS
(FOR SPEECH REFERRALS ONLY)

Student/*Estudiante* _____ **DOB**/*FDN*: _____ **Grade**/*Grado*: _____ Sex: ☐M ☐F

NOTE: A speech/language disorder must NOT be dialectal or due to a different cultural lifestyle or lack of command of the English language.

A. PRIMARY LANGUAGE: ☐English ☐Spanish ☐Other: _____

B. EXPRESSION

1. Examples of the student's/your child's articulation skills:
   - ☐ has clear, intelligible production of speech sounds, no interference or pronunciation is observed;
   - ☐ evidences poor or unintelligible production of speech sounds that interferes significantly with the your son/daughter's message to others.
2. Examples of the student's/your child's auditory expressive language:
   - ☐ shows adequate or good recall of words, sentences, and/or ideas;
   - ☐ inability to recall words, sentences, and/or ideas for repeating or respond;
   - ☐ inability to adequately describe an object;
   - ☐ inability to express ideas, information, stories in complete sentences.
3. Examples of the student's/your child's use of oral language:
   - ☐ utilizes age-appropriate vocabulary, sentences, and interpersonal communication skills;
   - ☐ uses one or two word responses, poor vocabulary;
   - ☐ evidences numerous grammar errors;
   - ☐ evidences poor phrasing of words
   - ☐ shows poor social/interpersonal communication skills for his/her age.

C. RECEPTION/INTEGRATION

1. In comprehension or word meanings, the student/your child:
   - ☐ demonstrates an age appropriate level of understanding;
   - ☐ cannot grasp simple word meanings;
   - ☐ cannot understand words at his/her grade level
2. In following instructions, the student/your child:
   - ☐ follows instruction correctly, without difficulty;
   - ☐ gets confused easily;
   - ☐ has difficulty following familiar or routine instructions;
   - ☐ cannot follow simple instructions, even with help.

D. DYSFLUENCY (Stuttering)

1. The rhythm or the flow of the student's/your child's speech:
   - ☐ appears normal;
   - ☐ is interrupted by repetition of words or parts of words;
   - ☐ is hurried, tense, and/or forceful.
2. The student's/your child's dysfluency (Stuttering) is also characterized by:
   - ☐ poor eye contact, ☐ clinching fists, ☐ hiding mouth, ☐ other: _____

E. VOICE

1. The pitch, quality, and intensity (loudness) of your son/daughter's voice appears normal
   - ☐ yes ☐ no Describe: _____

F. HEARING

1. The student:
   - ☐ appears to have normal hearing sensitivity;
   - ☐ requires constant repetition of the message;
   - ☐ consistently errors when responds to questions or statements;
   - ☐ frequently complains of earaches.

_____ _____

Signature of Parent/Teacher Date

Modified 8/09

Date Sent/**Feche de Envío*

_____

WESLACO INDEPENDENT SCHOOL DISTRICT

Special Education Department

814 E. Plaza St * Weslaco, TX (956)969-6822 Fax (956)969-6965

☐ Initial Evaluation
☐ Re-evaluation
☐ Special Request by ARD Committee

NOTICE OF FULL AND INDIVIDUAL EVALUATION/

NOTIFICACION DE LA EVALUACION COMPLETA E INDIVIDUAL

Student/*Estudiante*: _____ **DOB**/*FDN*: _____ **Grade**/*Grado*: _____

Campus/*Escuela*: _____ **SS**/*ID#*: _____

***We have carefully reviewed your child's/your school records, information from his/her/your teachers, and information you have shared with us. More information is needed to determine his/her/your needs and to plan an appropriate school program. You will also receive a form requesting your permission for testing./** **Hemos revisado con detenimiento los antecedentes escolares de su niño o de usted, la información facilitada por sus maestrosy la que usted nos ha enviado. Es preciso recibir mas información para determinar las necesidades del niño/de usted para planearun programa escolar adecuado.Usted recibirá un formulario solicitando autorización para la prueba.*

Evaluation Review dated ___/___/___ is attached. (For Initial Evaluation, as appropriate, and all Re-evaluations)
La evaluacion revisada con fecha de___/___/___ esta adherida. (Para Evaluaciones Iniciales, si apropiado, y todas re-evaluaciones.)

***PROPOSED EVALUATION/** **EVALUACION PROPUESTA:*
The district proposes to conduct a full and individual evaluation of you/your child, and prepare a report to determine/ *El Distrito propone conducir una evaluación completa e individual de usted/su hijo, y preparar un informe para determinar:*

- ☒ **whether you have/ your child has or continues to have a particular category of disability/** *Si usted tiene/su hijo tiene o continúa tener cierta categoría de incapacidad*
- ☐ **you / your child's present levels of performance and educational need/** *Su/sus niveles presentes del desempeño del estudiante y las necesidades educativas*
- ☐ **The ARD committee has requested additional testing for Individual Educational Plan (IEP) development/** *El comité de ARD, ha pedido pruebas para desarrollar el (PEI) Programa Educativo Individual apropiado*
- ☐ **Other/** *Otras rezones***:** ____

EXPLANATION OF WHY THE DISTRICT PROPOSES TO EVALUATE/ ****EXPLICACION PORQUE EL DISTRITO PROPONE EVALUAR:**

- ☐ **difficulty in general education classroom with implemented interventions/** *Dificultades en la clase de educación general aún con intervenciones implementadas*
- ☒ **parent request/** *Pedido por las padres*
- ☐ **3 year re-evaluation /** *Re-evaluación de 3 años*
- ☐ **Other/** *Otras razones***:** ____

***PRIOR TO RECOMMENDING THE EVALUATION/** *ANTES DE RECOMENDAR LA EVALUACION:*

***OPTIONS CONSIDERED/** **Opciones Consideradas*	***WHY REJECTED/** **Por Que Fueron Rechazadas*
☐ **504 accommodations/** *Alojamientes 504* ☐ **Tutoring/** *Tutoría* ☐ **Modifications and Alternatives in Gen. Ed. Classroom/** *Modificaciones y alternativas en salón de ed. general* ☐ **Rely on previous FIE/** *Fíese del previo evaluación completa e individual* ☒ **Other/** *Otras razones***: Eci child**	☒ **Need data for programming/** *Se necesitan datos para desarrollar un programa educacional* ☐ **parent request/** *Pedido por las padres* ☐ **Minimal Progress/** *Progreso mínimo* ☐ **Re-evaluation required for federal compliance/** *Re-evaluación requerida para cumplir con las leyes federales* ☐ **Other/** *Otras razones***:** ____

We want to test your child/you in the areas marked below. These tests will help us learn more about his/her/your educational needs. /*Queremos evaluar a su niño/a usted en las áreas marcadas a continuación. Estas pruebas nos ayudarán a conocer mejor sus necesidades educativas.*

☒****LANGUAGE (COMMUNICATION STATUS)/** ***LENGUAJE (ESTATO DE COMUNICACION)*
Does your child/you know(s) more than one language, these tests will help us find out which is the best language for his/her/your learning. They will also let us know which language to use for all testing. We want to find out how well your child/you understand(s) what is said to him/her/you and how well your child/you can express thoughts. If your child has/you have trouble speaking clearly, we may test him/her/you to find out what, if any speech problems may exist. Some of the tests we may give are: Home Language Survey, Preschool Language Scale-3, Arizona Articulation Test, Receptive Expressive Emerging Language, Woodcock-Munoz Language Survey. */ Si su niño/usted sabe mas de un idioma, estas pruebas nos ayudaran a descubrir en que idioma aprende mejor, y nos permitirá saber que idioma utilizar para todas las otras pruebas. Queremos saber cuan bien su niño/usted entiende lo que se le dice y cuan bien puede expresar sus pensamientos. Si su niño/usted tiene dificultades para hablar claramente, podríamos hacerle una prueba para saber cual es el problema de dicción. Algunas de las pruebas pueden ser: **Home Language Survey, Pre-school Language Scale-3, Arizona Articulation Test, Receptive Expressive Emerging Language, y/o Woodcock-Munoz Language Survey.***

☒****PHYSICAL(MOTOR ABILITIES, HEALTH, VISION, HEARING)/** ***CONDICIONES FISICAS (HABILIDADES FISICAS, SALUD, VISION, OIR)*
We want to know if any physical or health problems make it difficult for your child/you to do his/her/your school work. Some of the tests we may give are: Health Screening by School Nurse, Physician's Reports, Sociological Information/ Queremos saber si existe algún tipo de problema físico o de salud que dificulta sus tareas escolares. Las pruebas pueden ser: **Información de la enfermera de la escuela , Reportes de médico, y/o Información de los padres.**

☒****EMOTIONAL/BEHAVIORAL**/***COMPORTAMIENTO/ASPECTO EMOCIONAL*
We want to know how well your child/you get(s) along with others at school and at home. We will collect information from you and his/her/your teachers. We may also give such tests as: Devereux Rating Scale, Parent Information, Teacher Information./ *Queremos saber cuan bien su niño/usted se lleva con los otros en la escuela y en la casa. Recogeremos la información de sus maestros u de usted. Las pruebas pueden ser: Devereux Behavior Rating Scale, Información de los Padres, y/o Informaciónde los Maestros*

☒****SOCIOLOGICAL/** ***ASPECTO SOCIOLOGICO*
We want to determine how well your child's/your home life and the kinds of experiences he/she has/you have had in your family. School staff members may be calling to talk to you about this./ *Necesitamos información sobre su vida de hogar y el tipo de experiencias que sus niño/usted ha tenido en su familia. Quizá reciba una llamada telefónica de algún miembro del personal de la escuela para hablar sobre esto.*

Date Sent/**Feche de Envío*

_____

☒****INTELLECTUAL/ADAPTIVE BEHAVIOR**/ ***CAPACIDAD INTELECTUAL Y DE ADAPTACION*
We want to determine how well you child/you think(s), compared to others of the same age. We also want to find out how well your child/you take(s) care of himself/herself/yourself at home and at school. We may also give such tests as: Test of Nonverbal Intelligence, Raven Progressive Matrices, Slosson Intelligence Test, Kaufman Assessment Battery for Children, Wechsler Intelligence Scale for Children III, or Vineland Adaptive Behavior Scale./ *Deseamos determinar cuan bien sus niño/usted piensa, comparado con otros de la misma edad. También queremos saber cuan bien usted/su niño se cuida a si mismo en la escuela y en casa. Las pruebas pueden ser: Test of Nonverbal Intelligence,Raven Progressive Matrices, Slosson Intelligence Test, Kaufman Assessment Battery for Children, Weschler IntelligenceScale for Children - III, y/o Vineland Adaptive Behavior Scale.*

☒****EDUCATIONAL LEARNING COMPETENCIES (ACADEMIC PERFORMANCE)**/ ***CAPACIDADES DE APRENDIZAJE ACADÉMICO*
We want to find out how your child is/you are doing in reading, math, math, spelling, and other areas, including job-related skills, if appropriate. We want to determine what he/she/you know(s) and what he/she/you need(s) to learn. We may also give such tests as: Woodcock-Johnson Achievement Test, Kaufman Test of Educational Achievement, or Wechsler Individual Achievement Test./ *Deseamos saber como son las habilidades de su niño/de usted en lectura, matemática, ortografía, y otras áreas, incluyendocapacidades laborales si corresponde. Queremos determinar lo que sabe y lo que necesita aprender. Las pruebas pueden ser: Woodcock-Johnson Achievement Test, Kaufman Test of Educational Achievement, y/o Wechsler Individual Achievement Test.*

☒****ASSISTIVE TECHNOLOGY**/ ***ASISTENCIA TECNOLOGICA/ADAPTIVA*
We want to find out how well your child/you are able to access areas of the educational environment, including any services your child/you might need in order to function within his/her your educational environment. We may collect information from you and his/her/your teachers as well as any related service providers./ *Queremos saber cúan bien su hijo/usted es capaz de conseguir acceso a áreas del ambiente educativo. Podemos reunir información de usted y su/sus maestros así como también proveedores relacionados del servicio.*

****Describe any other factors relevant to this proposal to evaluate****Describa cualquier otro factor pertinente a esta propuesta de evaluación(si corresponde)***:_____**
☒ **None**/ *Ningún*

If you need assistance in understanding this document, please call** */i usted desea mas información o si tiene preguntas, por favor llame a:**

Neil D. Garza, Special Education Director (956) 969-6822 OR/ *O* Margie Barrera, Region 1 Esc @(956) 984-6000, TEAM PROJECT , 1(877) 832-8945

FOR PSYCHOLOGICAL EVALUATIONS upon request of the parent the district will provide you with the name and type of examination or test along with an explanation of how the examination or test will be used to develop an appropriate individualized education program for the child/ *PARA EVALUACIONES PSICOLOGICAS si los padres piden el distrito le proporcionará con el nombre y tipo de examen o prueba junto con una explicación de cómo el examen o prueba se utilizarán para desarrollar un programa individualizado apropiado de la educación para el niño.*

***Your rights were explained to you when you were/your child was initially referred for special education assessment. Federal regulations require that parents and adults students be provided a full explanation of all procedural safeguards (rights) in their native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of you or your child or the provision of a free appropriate public education (FAPE) to you or your child. A copy of the procedural safeguards (rights) is attached to this form./** **Se le ha dado a usted una explicación de sus derechos cuando su niño o usted fue remitido por primera vez para una evaluaciónpara educación especial. Los reglamentos federales requieren que se les de a los padres y a los estudiantes adultos una explicación completa de todas las garantías procesales (sus derechos) en su lengua nativa o por otro medio de comunicación cada vez que el distrito propone o se niega a iniciar o cambiar la identificación, evaluación, o colocación educacional de su niño o usted a proporcionarle una educación gratuita, adecuada, y publica. Se adjunta a este formulario ejemplar de las garantías procesales (sus derechos).*

I have received a copy of an Explanation of Rights and Procedural Safeguards of a Parent with a Child with Disabilities in School in my native language or other means of communication. I understand both my rights as a parent, guardian or adult student (if 18 years or over) and the rights of my child./ *He recibido una copia de la Explicación de Derechos y Garantías Procesales para padres de Hijos con Incapacidades en la Escuela en mi idioma nativo u otro medio de comunicación. Entendido ambos derechos: los míos como padre, guardián, o alumno (si es mayor de 18 anos) y los derechos de mi hijo/a.*

_____ _____
***SIGNATURE OF PARENT/ADULT STUDENT** **DATE**/ *FECHA*
**FIRMA DEL PADRE/ESTUDIANTE ADULTO*

Federal regulations require that parents and adult students be provided prior notice in their native language or other mode of communication each time the District proposes or refuses to initiate or change theidentification, evaluation, or educational placement of your child/you or the provision of a free appropriate publiceducation (FAPE) to your child / you, or upon conducting a manifestation determination. *Las regulaciones federales requieren que padre y estudiantes adultos sean proporcionados nota previa en su idioma nativo u otro modo de comunicación cada vez que el Distrito propone o rehúsa a iniciar o cambiar la identificación, la evaluación, o colocación de su niño/usted o la provisión de un liberta la educación (FAPE) apropiada a su niño/usted, o sobre conducir una determinación de la manifestación.*

_____ _____
***SIGNATURE OF INTERPRETER, IF USED** **DATE**/ *FECHA*
**FIRMA DEL INTERPRETE, SI APLICA*

☐**Not applicable**/ *No aplica*

If the native language or other mode of communication of the parent/adult student is not a written language/ *Si el idioma nativo u otro modo de comunicación del padre/estudiante adulto no es un idioma escrito:*

-The notice was translated orally or by other means to the parent/adult student in his/her native language or other mode of communication on *La nota se tradujo oralmente o por otros medios al padre/estudiante adulto en su idioma nativo u otro modo de comunicación en:* **_____ by**/ *por* **_____.**

-Parent/adult student verified to the translator orally or by other means that he/she understands the contents of this notice./ *El padre/estudiante adulto verificó al traductor que él/ella entiende el contenido de esta nota.*
*** Denotes required items /** **Indica articulos obligatorios.*
****Student must be assessed in all areas related to the suspected disability, including the requirements of 34 CFR§300.532(f), if appropriate./** ***Estudiante debe ser evaluado en todas las areas relativas a la descapacidad de sospecha, incluyendo los requisitos de 34 CFR 300.532(f), si es apropiado.*

Date Sent/**Feche de Envío*

_____

Weslaco Independent School District
Special Education Department
814 E. Plaza St Weslaco, TX 78596
Phone (956)969-6822 Fax (956) 969-6965

CONSENT FOR FULL AND INDIVIDUAL EVALUATION

CONSENTIMIENTO PARA LA EVALUACIÓN COMPLETA E INDIVIDUAL

Student/*Estudiante*: _____ **DOB**/*FDN*: _____ **Grade**/*Grado*: _____

Campus/*Escuela*: _____ **SS**/*ID#*: _____

You have received the NOTICE OF FULL AND INDIVIDUAL EVALUATION/
Usted ha recibido la NOTIFICACION DE LA EVALUACION COMPLETA E INDIVIDUAL

We need your permission to test your child/you to find out what your child's/your educational needs are./
Necesitamos su permiso para hacer una evaluación de su niño/de usted para determinar cuales son sus necesidades académicas.

Please check the appropriate box by each statement, sign your name, date and return this form to the school as soon as posible./ *Por favor, marque la caja que corresponde, firme, escriba la fecha, y envíe este formulario a la escuela lo antes posible*

Yes	No	
☐	☐	***I have been fully informed and understand the evaluation process and why it has been recommended for my child/me. If no, please explain:/** **He sido informado en detalle y entiendo el proceso de evaluación y por que ha sido recomendado para mi o para mi hijo/a. Si marca NO, por favor explique:*
☐	☐	***I have been given the name and telephone number of a school staff member whom I may call if I want more information or if I have any questions. If no, please explain/****Se me ha dado el numero de teléfono de un empleado de la escuela a quien puedo hablar si deseo mas información o si tengo cualquier pregunta. Si marca NO, por favor explique:*
☐	☐	***I give my permission for the testing that has been recommended for my child/me. If no, please explain:/** **Doy mi permiso para realizar la prueba que se ha recomendado para mi/mi hijo/a. Si marca NO, por favor explique:*
☐	☐	***I understand that my consent for evaluation is voluntary and may be revoked at any time. If no, please explain:/** **Entiendo que mi consentimiento para la evaluación es voluntario y puede ser revocado en cualquier momento. Si marca NO, por favor explique:*
☐	☐	***I have been informed in my native language or other mode of communication./** **He recibido la información en mi propio idioma u otro tipo de comunicación.*
☐	☐	***I give permission for the testing to begin immediately by waiving the required five school day waiting period between notice of evaluation and initiation of the evaluation./** **Doy mi consentimiento para que la evaluación comience inmediatamente, renunciando al periodo de espera obligatorio de cinco días lectivos entre la notificación de evaluación y el comienzo de la evaluación.*
☐	☐	***I have received a copy of A Guide to the Admission, Review, and Dismissal Process. (Applicable to Initial Referal Only)/** **He recibido una copia de* ***El Guia del Proceso de Admisión, Revisión, y Retiro.****(Aplicable Sólo para Iniciales)*

_____ _____

***Signature of Parent, Guardian, Surrogate Parent, or Adult Student/**
**Firma de Padre, Guardián, Padre Sustituto, o Estudiante Adulto*

***Date**/**Fecha*

_____ _____

Signature of Interpreter, if used/*Firma de Interprete, si corresponde*

***Date*Date**/**Fecha*

Please return this form to:/
Enviar este formulario a: _____ **at** _____ **as soon as possible. /** *lo antes posible.*

****Denotes Required Items/*****Indica articulos obligatorios*

Date Sent/**Feche de Envío*

_____

Attachment S

Weslaco Independent School District

Special Education Department

814 E. Plaza St Weslaco, TX 78596

Phone (956)969-6822 Fax (956) 969-6965

RECEIPT FOR NOTICE OF PROCEDURAL SAFEGUARDS: RIGHTS OF PARENTS OF STUDENTS WITH DISABILITIES/ *RECIBO PARA LA NOTIFICACION DE LAS SALVAGUARDIAS DEL PROCEDIMIENTO: DERECHOS DE LOS PADRES DE ESTUDIANTES CON DISCAPACIDADES*

Student/*Estudiante*: _____ **DOB**/*FDN*: _____ **Grade**/*Grado*: _____

Campus/*Escuela*: _____ **SS**/*ID#*: _____

A copy of the Texas Education Agency document which specifies the parent and the student rights for a special education student is being provided for you at this time. This document describes all the rights you and your child have during the special education evaluation and placement process. The following topics are addressed in more detail in the document/ *Se le está proporcionando en este momento una copia del documento de la Agencia de Educación de Texas cual especifica los derechos para el padre y el estuidante bajo el programa de educacion especial. Este documento describe todos los derechos que usted y su hijo/a tienen durante el proceso de evaluación y colocación en educación especial. Los siguientes temas se dirigen en mas detalle en el documento***:**

1.) **What is this document?/** ***¿Que es este documento?***
2.) **Why do you need this documentation?/** ***¿Por que necesita documentación?***
3.) **Frequently used terms in this document/** *Términos usados frequente en este documento?*
4.) **What are your rights related to identification and referral?/** *¿Cuales son sus derechos relacionados con la identificación recomendación?*
5.) **What are your rights related to evaluation and reevaluation?/** *¿Cuáles son sus derechos relacionados con la evaluación y reevaluación?*
6.) **What are your rights related to ARD committee meetings?/** *¿Cuáles son sus derechos relacionados con las reunions del comité ARD?*
7.) **What are your rights related to discipline?/** *¿Cuáles son sus derechos relacionados con la disciplina?*
8.) **What are your rights related to accessing your child's record?/** *¿Cuáles son sus derechos relacionados con el acceso al expediente de su hijo?*
9.) **What are your rights if you choose to send your child to private school?/** *¿Cuáles son sus derechos si decide mandar a su hijo/a a una escuela privada?*
10.) **What are your rights for public reimbursement if you choose to send your child to a private school?/** *¿Cuales son sus derechos a un reembolso público si usted decide mandar a su hijo/a a una escuela privada?*
11.) **What are your rights when your child turns 18?/** *¿Cuales son sus derechos cuando su hijo/a cumple 18 años?*
12.) **What are your rights if you are a surrogate parent?/** *¿Que derechos tiene como padre sustituto?*
13.) **Resolving disagreements/** *Resolución de desacuerdos*
14.) **Contact information/** *Informacion sobre contactos*

Your rights were explained to you when you were/your child was initially referred for special education assessment. Federal regulation requires that parents and adult students be provided a full explanation of all procedural safeguards (rights) in their native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, upon a manifestation determination, removal/change of placement or educational placement of you or your child or the provision of a free appropriate public education (FAPE) to you or your child./ *Sus derechos fueron explicados cuando su hijo/a/ud. fue inicialmente referido para la evaluación deeducación especial. Regulaciones federales requieren que los padres y alumnos que sean adultos sean bien informados de las leyes que los protege en su propio idioma u en otro modo de comunicación cada vez que su distrito proponga o reuse la iniciación o cambio de identificación, evaluación, sobre la determinación en manifestación, retiro/cambio de lugar o lugar educacional de ud. o de su hijo/a o de la provision de la educacion publica gratuita, apropiada (EPGA) para ud. O de su hijo/a.*

You do not have to respond to this information in any way; however, please feel free to contact the Special Education Department at 969-6822 if you have any questions or you may contact your child's/your campus./ *Usted no tiene que responder a es información en ninguna manera; sin embargo, puede llamar al departamento de educacion especial al 969-6822 si tiene alguna pregunta, o puede comunicarce con la escuela de su hijo/a.*

PLEASE SIGN BELOW/ ***POR FAVOR FIRME ABAJO:***

I have received a copy of "Notice of Procedural Safeguards: Rights of Parents of Students with Disabilities" I understand both my rights as a parent or guardian and the rights of my child. I further understand my rights (if 18 or over) as student with a disability. The staff member listed below has reviewed with me each section of the above named document in my native language or other means of communication./ *He recibido una copia del "Aviso de las Salvaguardias de Procedimiento: Derechos de los Padres de Estudiantes con Discapacidades" Entiendo ambos derechos: los mios como padre, guardian, o estudiante (si es mayor de 18 aos) y los derechos de mi hijo/a. El miembro del personal mencionado abajo ha revisado conmigo cada sección de este documento en el lenguaje nativo u otro medio de comunicacion.*

_____ _____

Signature of Parent, Guardian, Surrogate Parent, Foster Parent or Adult Student **Date**

Interpreter Needed: ☐YES ☐NO If YES, Signature:_____

Date Sent/**Feche de Envío*

_____

Weslaco Independent School District

Special Education Department

814 E. Plaza St Weslaco, TX 78596
Phone (956)969-6822 Fax (956) 969-6965

CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION/

PEDIDO DE AUTORIZACION PARA SOLICITAR INFORMACION CONFIDENCIAL

Student/*Estudiante*: _____ **DOB**/*FDN*: _____ **Grade**/*Grado*: _____

Campus/*Escuela*: _____ **SS**/*ID#*: _____

We are asking that you authorize the persons or agencies named below to disclose to each other confidential information regarding the above named student./ *Le solicitamos a usted que de su autorización a la persona/agencia citada a continuación para divulgar o pedir al siguiente empleado de la escuela antecedentes específicos, con información confidencial sobre el estudiante mencionado arriba:*

Neil D. Garza, Special Education Director	AND	
***Name and Position of School Staff Person/** **Nombre y Puesto del Empleado de la Escuela*		***Person/ Agency****Persona / Agencia*
	Y	
Weslaco Independent School District		
***Name of ISD/ Special Education Cooperative/** **Nombre de ISD/ Special Education Cooperative*		***Name of Person/ Agency /****Nombre de Persona/Agencia*
Address:/ *Domicilio:* **P.O. Box 266**		**Address:/** *Domicilio:*
Weslaco, TX 78596		
PHONE:/ *TELEFONO:* **(956)969-6822** **FAX #: (956)969-6965**		**PHONE:/** *TELEFONO:* **Fax #:**

*RECORDS TO BE RELEASED/ DISCLOSED		*PURPOSE OF RELEASE/ DISCLOSURE	
☐	**FIE, ARD, IEP, and any other Special Ed. Records/** *FIE, ARD, PEI, y culaquier otros registros*	☒	**To assist the ARD committee in educational planning/** *Para asistir el comite del ARD en la planificacion educativa*
☐	**Vocational Testing, Personal data for Transition Planning** *Exámenes Vocacionales, Datos personales para transición*	☐	**To assist outside person / agency in providing non-educational support/** *Para asistir persona/agencia exterior en proveendo apoyo noeducacional*
☐	**Records of outside agency:** *Registros de una agencia exterior:* _____	☐	**Initiate/Review Transition Planning/ Services /** *Iniciar/Revisar plan de transición*
☒	**Other/** *Otro***: medical records and reports**	☐	**Other/** *Otro***:**

Please check the appropriate boxes below. For more information please call:/ *Favor marque (ü) donde corresponda. Para obtener mas informacion, llame a:*

Neil Garza **at:** **969-6822**

School Staff Person/ *Miembro del personal de la escuela* **Telephone Number /** *Telefono*

☒ **Yes/** Si	☐ **No**	***I have been fully informed in my native language or other mode of communication and understand the school's request for my consent, as described above. This information will be disclosed upon receipt of my written consent./** **He sido complemente informado y entiendo el pedido de mi autorización por parte de la escuela, según se describe arriba. Esta información será divulgada/pedida al recibir mi consentimiento por escrito.*
☒ **Yes/** Si	☐ **No**	***I understand that my consent is voluntary and may be revoked anytime. However, I understand that revocation is not retroactive (i.e. It does not negate an action that has occurred after the consent was given and before the consent was revoked). /** **Entiendo que mi consentimiento es voluntario y puede ser retirado en cualquier momento. Sin embargo, entiendo que la revocación no es retroactivo (ejemplo: No anula acciones que han ocurrido despues que se ha dado y el consentimiento se ha revocado).*
☒ **Yes/** Si	☐ **No**	***I give my permission for the identified records to be released/disclosed to the above named person(s) / agency(ies). /** **Doy mi permiso para los registros identificados sean divulgados/revelados a la persona(s)/agencia(s) mencionadas arriba.*

_____ _____

Signature of Parent, Guardian, Surrogate Parent, or Adult Student/** **Firma de Padre, Guardian, Padre Sustituto, o Estudiante Adulto* ***Date /*Fecha*

_____ _____

Signature of Interpreter, if used/** **Firma del Interprete, Si corresponde* ***Date /*Fecha*

Please return this form to: _____ **at:** _____ **as soon as possible.**

Por favor, envíe este formulario a: **School Staff Person /** *personal de la escuela* **School/** *Escuela* *lo antes posible.*

***Denotes required items./** *Indica Información Obligatoria