



# Department of Specialized Services Handbook



**ROCHESTER CITY SCHOOL DISTRICT DEPARTMENT OF  
SPECIALIZED SERVICES  
TABLE OF CONTENTS**

**REFERRALS**

**SECTION 1**

REFERRAL FOR INITIAL EVALUATION  
INTERNAL WORK FLOW  
REFERRAL FOR INITIAL EVALUATION TO THE CSE FORM  
REQUEST FOR REFERRAL  
INTERNAL WORK FLOW  
REQUEST FOR REFERRAL FORM  
REQUEST FOR CLASSIFIED STUDENT  
REQUEST FOR CSE MEETING FOR CLASSIFIED STUDENT  
AGREEMENT FOR WITHDRAWAL OF A CSE REFERRAL  
DISTRICT FEEDBACK FORM FOR REFERRAL SUFFICIENCY

**BILINGUAL ASSESSMENTS**

**SECTION 2**

BILINGUAL ASSESSMENT REQUESTS  
REFERRAL PROCESSES  
REEVALUATIONS  
INITIAL REFERRAL, REQUEST FOR REFERRAL, OR REQUEST FOR CLASSIFIED STUDENT  
BILINGUAL TEAM EVALUATION FORM  
PROCEDURES FOR CSE PROCESS FOR SPEAKERS OF OTHER LANGUAGES  
CSE CHECKLIST CONSIDERING LIMITED ENGLISH PROFICIENCY  
MARCH 2011 NYSED MEMORANDUM

**CSE MEETINGS**

**SECTION 3**

DOCUMENTATION REQUIRED FOR CSE MEETINGS  
HOME SCHOOL AND SPECIAL PROGRAM RESPONSIBILITIES  
YOUTH JUSTICE PROGRAMS  
AMEND NO MEETING  
CHECKLIST FOR AMENDMENT AGREEMENT NO MEETING  
CSE PROCESS FOR SPEAKERS OF OTHER LANGUAGES  
CSE CHECKLIST CONSIDERING LIMITED ENGLISH PROFICIENCY  
REQUEST FOR INTERPRETING SERVICES  
IEP COMPLIANCE CHECKLIST  
KEY QUESTIONS FOR THE CSE TO CONSIDER WHEN DEVELOPING IEPs  
IEP ANALYSIS – SPECIALLY DESIGNED INSTRUCTION GUIDING QUESTIONS TO DEVELOP AN IEP  
GENERAL DIRECTIONS TO USE THE STATE'S MODEL IEP FORM MARCH 2010

**PLACEMENT****SECTION 4**

NYS ED REGULATION 200.4(E)(8)  
PLACEMENT PROCEDURES FOR TRANSFER STUDENTS WITH DISABILITIES  
PLACEMENT PROCEDURES FOR TRANSFER STUDENTS WITH DISABILITIES REQUIRING A  
LANGUAGE ASSESSMENT  
RCSD POLICY MANUAL 5110 EDUCATION OF HOMELESS STUDENTS  
SPECIAL EDUCATION PROGRAM DESCRIPTIONS (SOCIAL COMMUNICATION 12:1+3; ASD 6:1+2;  
ASD 6:1+4; ASD CONNECT; GEM; LE ICT; STEPS)

**PROCEDURES FOR TRANSLATION****SECTION 5**

DOCUMENTS TO BE TRANSLATED  
PROCEDURES FOR TRANSLATING REQUIRED DOCUMENTS

**PROCEDURES FOR IMPLEMENTATION OF IEP****SECTION 6**

NYS ED REGULATION 200.4(E) IEP IMPLEMENTATION  
NYS ED REGULATION 200.5(B)(1)(II) PARENTAL CONSENT INITIAL PROVISION OF SERVICES  
RCSD GUIDELINES FOR THE CONTINUUM OF SPECIAL EDUCATION SERVICES

**BUILDING PROCEDURES TO ENSURE COMPLIANCE****SECTION 7**

CHAPTER 408  
CHAPTER 408 IEP DISTRIBUTION FORM  
NYS ED CONTINUUM OF SPECIAL EDUCATION SERVICES FOR SCHOOL-AGE STUDENTS WITH  
DISABILITIES UPDATED NOVEMBER 2013  
DISABILITY DEFINITIONS  
DOCUMENTATION OF THE DETERMINATION OF ELIGIBILITY FOR A STUDENT SUSPECTED OF  
HAVING A LEARNING DISABILITY  
NYS ED MEMORANDUM JUNE 2014 THE ROLE OF THE CSE IN RELATION TO THE COMMON CORE  
LEARNING STANDARDS  
PRIOR WRITTEN NOTICE FORM  
MEETING NOTICE FORM  
STUDENT INFORMATION & IEP TEMPLATE  
CONSENT (EVALUATIONS, INITIAL PROVISION OF SPECIAL EDUCATION SERVICES, RELEASING  
INFORMATION)  
REVOKING CONSENT FOR SPECIAL EDUCATION SERVICES

**BEHAVIOR****SECTION 8**

CODE OF CONDUCT POLICY 1400  
PROCEDURES FOR CONDUCTING THE FUNCTIONAL BEHAVIORAL ASSESSMENT  
FUNCTIONAL BEHAVIORAL ASSESSMENT REVIEW FORM  
FUNCTIONAL BEHAVIORAL ASSESSMENT FORM  
PROCEDURES FOR DEVELOPING AND IMPLEMENTING THE BEHAVIORAL INTERVENTION PLAN  
PROGRESS MONITORING  
BEHAVIORAL INTERVENTION PLAN REVIEW FORM  
BEHAVIORAL INTERVENTION PLAN FORM  
BIP DEVELOPMENT MEETING NOTICE  
BIP PROGRESS MONITORING MEETING NOTICE  
PROCEDURES FOR USE OF TIME OUT ROOM  
TIME OUT ROOM AND EMERGENCY INTERVENTION DOCUMENT

**DISCIPLINE/SUSPENSION**

**SECTION 9**

DISCIPLINE PROCEDURES FOR STUDENTS WITH DISABILITIES  
STUDENTS PRESUMED TO HAVE A DISABILITY  
DISCIPLINE PROCEDURES FOR STUDENTS WITH DISABILITIES (POWERPOINT)  
PROVISION OF SERVICES DURING SUSPENSIONS  
MANIFESTATION REVIEW TEAM MEETING NOTICE FORM  
FAPE  
RCSD CODE OF CONDUCT POLICY 1400

**DUE PROCESS**

**SECTION 10**

MANAGING DUE PROCESS COMPLAINTS  
MEDIATION  
IMPARTIAL HEARING  
NYS ED PROCEDURAL SAFEGUARDS NOTICE JUNE 2016

**CHARTER SCHOOLS**

**SECTION 11**

ENROLLMENT AND CSE PROCEDURES

**REFUGEE FAMILIES**

**SECTION 12**

ENROLLMENT AND CSE PROCEDURES

## **SECTION 1 REFERRALS**

REFERRAL FOR INITIAL EVALUATION

---

INTERNAL WORKFLOW

---

REFERRAL FOR INITIAL EVALUATION TO THE CSE FORM

---

REQUEST FOR REFERRAL

---

INTERNAL WORKFLOW

---

REQUEST FOR REFERRAL FORM

---

REQUEST FOR CLASSIFIED STUDENT

---

REQUEST FOR CSE MEETING FOR CLASSIFIED STUDENT

---

AGREEMENT FOR WITHDRAWAL OF A CSE REFERRAL

---

DISTRICT FEEDBACK FORM FOR REFERRAL SUFFICIENCY

6/28/2017

### Referral for an Initial Evaluation

Source: Parent, Designee of School District, Commissioner or Designee of a Public Agency, and/or Designee of a Childcare Institution with a CSE

All referrals must be immediately date stamped and forward to the Principal or School Official who must follow the written *Internal Work Flow CSE Referral Process* procedures

Within 10 school days from the receipt of the referral, the Principal or school official must conduct a meeting with the Parent, the student, if appropriate, and the person submitting the Referral

Parent and person submitting the referral agree to withdraw the referral

Yes

No

Principal or school official and parent develop a written agreement identifying alternative methods, strategies, supports, and schedule a follow-up conference.  
Parent signs the Agreement to Withdraw Referral.  
Principal or school official send the written agreement to the referral mailbox.  
SSA places copy in the cumulative folder and closes out the referral in Frontline.

This initial referral to the CSE ends

Complete and submit the *Referral for Initial Evaluation to the CSE* form to the referral mailbox.  
SSA issues prior written notice (PWN) with consent to evaluate.

Continue individual evaluation and CSE process

November 16, 2017

## Internal Work Flow Central CSE Referral Process

### Referral for Initial Evaluation 200.4 a1a

- 1) Referral is submitted for Initial Evaluation from the following source: Parent, Designee of School District, Commissioner or Designee of a Public Agency, and/or Designee of a Childcare institution with a CSE.
- 2) Letter is submitted to Principal or School Official.
- 3) Principal or school official scans/emails or submits letter to central referral mailbox within 24 hours of receipt.
  - a) For Nonpublic schools, additional information is required at the time of submission: proof of residence, birth certificate and transcript.
- 4) Principal or school official ensures the referral is date stamped and enters referral in the Compliance Log.
  - a) For Nonpublic schools, Clerk 1 checks SMS for past enrollment. If there is no record, the Clerk 1 emails Placement with Birth Certificate, proof of address, and transcript.
  - b) Student is enrolled through placement and receives an RCSD ID#.
  - c) Clerk 1 emails school official the ID#.
- 5) Referral is date stamped at CO and SSA sets the 10 School Day clock and opens draft
- 6) Within 10 school days of the receipt of the referral, Principal or school official conducts a meeting with the Parent and the student, if appropriate, and person submitting the Referral to discuss the reason for the referral.
  - a) If, at that meeting, the parent and person submitting the referral agree to withdraw the referral:
    - i) Principal or school official and parent develop written agreement identifying alternative methods/strategies for support and schedule follow-up conference.
    - ii) Obtain Parent signature on the Agreement to Withdraw Referral.
    - iii) Principal or school official sends signed Agreement to Withdraw Referral to the referral mailbox
    - iv) SSA places copy in cumulative folder and closes out the referral in Frontline.
  - b) If, at that meeting, the parent and person submitting the referral agree the referral should move forward:
    - i) Principal or school official coordinates with professional staff member(s) to complete the *Referral for Initial Evaluation* form.
    - ii) Within 10 school days, the Principal or school official submits the *Referral for Initial Evaluation* form to the central referral mailbox @ [CentralReferral@RCSDK12.ORG](mailto:CentralReferral@RCSDK12.ORG).
- 7) SSA issues Prior Written Notice (PWN) with consent to evaluate and a postage paid self-addressed envelope. The SSA locks the document and enters "awaiting consent to test" in home school field.
- 8) Parent sends signed consent back to RCSD. If school receives consent, designated staff must send signed consent to the Central Referral mailbox.
- 9) SSA logs consent in process log and informs the school team from the referring school that the consent to evaluate has been received; provides the school team with the date of receipt; and calculates the timeframe for completion of the evaluation and the CSE meeting.
- 10) The school must follow up with the Procedures for obtaining written parent consent process. (35 day letter process)
- 11) CSE meeting is scheduled in collaboration with aligned CSE and held within the 60 calendar day timeline while following all meeting notice regulatory deadlines.



Department of Specialized Services  
 Committee on Special Education  
 131 West Broad Street  
 Rochester, NY 14614

Date Received by Department of  
 Specialized Services

Date Received by Building

**Referral for Initial Evaluation to the Committee on Special Education**

Bilingual Evaluation Needed (Check the box if the student requires a bilingual evaluation)

Student's ID:		Student Name:	
Date of Birth:	Gender: Choose an item.	Race/Ethnicity: Choose an item.	
Does Student Live with Parents? <input type="checkbox"/> YES <input type="checkbox"/> No			
If No, With Whom Does the Student Live?:			Relationship:
Parent/Guardian:			
Home Address:			
Home Phone:		Work Phone:	
Dominant Language of the Student:			
Dominant Language of the Parent:		Interpreter Needed:	
Teacher:	School:	Grade:	
Referring Person/Title:			
<i>*If information is inaccurate please update with school office personnel</i>			

**Referral Source (Choose from Drop Down Box)**

Choose an item.

**Reason for Referral -Description of Action Proposed or Refused**

**The CSE is requesting consent to conduct an evaluation to determine initial eligibility for special education services.**

**Major Area(s) of Concern: Check each reason for referring this student:**

Communication

- Communicates Basic Needs and Wants
- Articulation
- Knowledge of Sound/Letter Association
- Other Specify:

- Expressive Language
- Voice Quality
- Receptive Language
- Other Specify:

Academic Performance

- Oral Expression
- Written Expression
- Reading Comprehension
- Mathematics Calculation
- Other Specify:

- Listening Comprehension
- Basic Reading Skills
- Reading Fluency
- Mathematics Reasoning and Application
- Other Specify:



<b>Student ID:</b> Click here to enter text.	<b>Student Name:</b> Click here to enter text.	<b>DOB:</b> Click here to enter text.
--	--	---------------------------------------

**Health, Vision, Hearing and Motor Abilities**

- |  |  |
|--|--|
| <input type="checkbox"/> Gross Motor Skills    | <input type="checkbox"/> Fine Motor Skills |
| <input type="checkbox"/> Body Control          | <input type="checkbox"/> Perceptual Motor  |
| <input type="checkbox"/> Locomotion            | <input type="checkbox"/> Sensory           |
| <input type="checkbox"/> Vision                | <input type="checkbox"/> Hearing           |
| <input type="checkbox"/> Developmental History | <input type="checkbox"/> Other Specify     |
| <input type="checkbox"/> Other Specify         |  |

**Social and Emotional Status**

- |   |  |
|---|--|
| <input type="checkbox"/> Interaction with Peers       | <input type="checkbox"/> Mood Swings                   |
| <input type="checkbox"/> Interaction with Adults      | <input type="checkbox"/> Repetitive Behaviors          |
| <input type="checkbox"/> Compliance of Rules          | <input type="checkbox"/> Self Concept                  |
| <input type="checkbox"/> Acceptance of Consequences   | <input type="checkbox"/> Inactivity or Withdrawal      |
| <input type="checkbox"/> Acceptance to Disappointment | <input type="checkbox"/> Cooperation                   |
| <input type="checkbox"/> Self Help Skills/Play Skills | <input type="checkbox"/> Self Control                  |
| <input type="checkbox"/> Team/Membership              | <input type="checkbox"/> Expression of Feelings/Affect |
| <input type="checkbox"/> Other Specify:               | <input type="checkbox"/> Other Specify:                |

**General Intelligence**

- |   |  |
|---|--|
| <input type="checkbox"/> Understanding New Concepts             | <input type="checkbox"/> Predicting Events/Results |
| <input type="checkbox"/> Interpreting Data to Make Decisions    | <input type="checkbox"/> Problem Solving           |
| <input type="checkbox"/> Comparing/Contrasting Ideas of Objects | <input type="checkbox"/> Applying Knowledge        |
| <input type="checkbox"/> Perceptual Discrimination              | <input type="checkbox"/> Memory                    |
| <input type="checkbox"/> Other Specify:                         | <input type="checkbox"/> Other Specify:            |

**Work Skills/Technical/Vocational Functioning**

- |   |   |
|---|---|
| <input type="checkbox"/> Attending to Task                | <input type="checkbox"/> Punctuality                              |
| <input type="checkbox"/> Following Directions             | <input type="checkbox"/> Completing Work                          |
| <input type="checkbox"/> Independent Work Habits          | <input type="checkbox"/> Organizing Materials/Belongings          |
| <input type="checkbox"/> Seeking Assistance When Needed   | <input type="checkbox"/> Using Technology to Gather/Organize Info |
| <input type="checkbox"/> Using Research Tools Effectively | <input type="checkbox"/> Identifying Preferences/Interests        |
| <input type="checkbox"/> Maintaining Physical Stamina     | <input type="checkbox"/> Recognizing Personal Limitations         |
| <input type="checkbox"/> Having Realist Vocational Goals  | <input type="checkbox"/> Other Specify:                           |
| <input type="checkbox"/> Other Specify:                   |   |

<b>Specialized Device/Equipment Used By Student:</b>	<b>List Device/Equipment:</b>	<b>Date(s) Used:</b>
--	-------------------------------	----------------------

Explanation of Why Action Is Proposed Or Refused (Choose from drop down box)  
Choose an item.

Student ID: Click here to enter text.	Student Name: Click here to enter text.	DOB: Click here to enter text.
---------------------------------------	---	--------------------------------

**Summary of Standardized Group Test Data (Description of evaluation procedure, assessment, records, or reports used in the decision to propose or refuse the action)**

**Achievement –Include test name, date and score**

Reading	Math	ELL Scores
Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.

**Description of each evaluation, procedure, assessment and record or report used in the decision to propose or refuse the action**  
Parent Report

**Physical Functioning:**

Attach documentation for results of each screening.

VISION	HEARING	MOTOR	SPEECH
<i>Required for all students referred for special education</i>		<i>Required as determined by the Rtl committee</i>	<i>Required as Determined by the Rtl committee</i>
Screening Date: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Screening Date: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Screening Date: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Screening Date: <input type="checkbox"/> Passed <input type="checkbox"/> Failed

**Student Supports:**

<b>Does the student currently have the following:</b>	
Section 504 Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Educationally Related Support Services	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Student ID:</b> Click here to enter text.	<b>Student Name:</b> Click here to enter text.	<b>DOB:</b> Click here to enter text.
--	--	---------------------------------------

**Describe any Existing Health Conditions Below:**

**Is Student Currently on Medication?:**  Yes  No

**Involvement with Outside Agency(ies):**  Yes  No **Agency:**

Describe services that are being provided to this student by agency(ies) listed above:

**Check the evaluations that are proposed to be conducted:**

Required for all initial evaluations:

- Psychological Evaluation
- Classroom Observation
- Social History
- Health Assessment

Indicate additional evaluations required to address areas of suspected disability:

- Functional Behavioral Assessment (required for all referrals where behavior is impacting learning)
- Speech/Language Evaluation
- Occupational Therapy Evaluation
- Physical Therapy Evaluation
- Assistive Technology
- Other

<b>Student ID:</b> Click here to enter text.	<b>Student Name:</b> Click here to enter text.	<b>DOB:</b> Click here to enter text.
--	--	---------------------------------------

<b>Extent of Parent Contact/Involvement:</b>
--

**Description of Any Other Option(s) Considered and Reasons Rejected:**

- There were no other options considered.
- Other options considered include:
- These options were rejected because:

**Description of Any Other Factors That Are Relevant:**

**Response to Intervention/Student Support Team Decision**

<b>List Team Members:</b>	
<input type="checkbox"/> This referral indicates a suspected disability and there is a need for an individual evaluation. <input type="checkbox"/> The student participated in Response to Intervention (RtI) <input type="checkbox"/> The student participated in Academic Intervention Service (AIS)	
<b>Describe the level and outcome of RtI/AIS provided to the student:</b>	
<b>Date of Team Decision:</b>	

<b>Student ID:</b>	Click here to enter text.	<b>Student Name:</b>	Click here to enter text.	<b>DOB:</b>	Click here to enter text.
--------------------	---------------------------	----------------------	---------------------------	-------------	---------------------------

Signature of Person Submitting Referral

Date

I verify that I have reviewed this referral with the Principal/Principal Designee and it meets the requirements of 8NYCRR Section 200.4(a) (2) (iii).

6/28/2017

### Request for Referral for an Initial Evaluation to the Committee on Special Education (CSE)

Source: Staff Member, Licensed Physician, Judicial Officer, Staff Member of Public Agency, Student that is at least 18 years of age or emancipated minor

All requests for referrals must be immediately date stamped and forwarded to the Principal or School Official who must follow the written *Internal Work Flow CSE Request for Referral Process* procedures

Principal or school official review the Request for Referral to determine its completeness with Regulatory requirements (Request for referral from a Judicial Officer or the Student does not require all components)

Professional Staff Member of the District must complete and submit the *Request for Referral for an Initial Evaluation to the CSE* form

Central Special Education Administrator determines if the *Request for Referral for an Initial Evaluation to the CSE* contains all necessary information

Yes

No

Central Special Education Administrator notifies the school official the request for referral is compliant and the 10-school day timeline begins

Principal or school official notifies Parent the request for referral was received

Central Special Education Administrator notifies the Principal or school official the Request for Referral is not complete

Principal or school official contacts the person completing the form to obtain the necessary information

Request for Referral for Initial Evaluation to the CSE form is resubmitted

Within 10 school days from the receipt of the referral, the Principal or school official will conduct a meeting with the Parent, the student, if appropriate, and the person submitting the request for referral

Inform Parent of his or her right to refer the student for an initial evaluation to the CSE

Yes

Parent and person submitting the request for referral agree to withdraw

No

Principal or school official and parent develop a written agreement identifying alternative methods, strategies, supports, and schedule a follow-up conference.

Parent signs the Agreement to Withdraw Request for Referral.

Principal or school official send the written agreement to the referral mailbox.

SSA places copy in the cumulative folder and closes out the referral in Frontline.

SSA issues prior written notice (PWN) with consent to evaluate.

Continue individual evaluation and CSE process

The request for referral process ends

## Internal Work Flow Central CSE Referral Process

### Request for Referral for Initial Evaluation 200.4 a1a

Request for referral is submitted for Initial Evaluation from the following source: Staff Member, Licensed Physician, Judicial Officer, Staff Member of Public Agency, and student that is at least 18 years old or emancipated minor. Letter is submitted to Principal or School Official.

1. Principal or school official reviews the Request for Referral to determine its completeness with the following Regulatory components. A request for referral submitted by persons other than the student or judicial officer must:
  - a. state the reasons for the referral and include test results, record or reports upon which the referral is based;
  - b. describe in writing, intervention services, programs or instructional methodologies used to remediate the student’s performance prior to the referral, including any supplementary aids or support services provided for this purpose, or state the reasons why no attempts were made; and
  - c. describe the extent of parental contact or involvement prior to the referral.
  - d. If request for referral is for Nonpublic schools, additional information is required at the time of submission: proof of residence, birth certificate, and transcript.
2. Principal or school official assigns a professional staff member to complete the *Request for an Initial Evaluation to the CSE* form within 24 hours. **Specific data should be summarized within the form (example 1).**

Example 1: The following chart is an example format to use when summarizing the data. Be specific but do **not** attach student work samples, test protocols, data reports, etc.

Academic or Behavioral Concern to Address: <u>Amari lacks phoneme awareness and is reading at an early reading level which places her 2+ years below grade level. (Be specific with baseline data relative to peers – observable and measurable – not simply test scores)</u>			
Research based Intervention (including frequency and duration)	Start Date	End Date	Outcome Data
1. Small group instruction of 3-5 students with reading specialist, 3x/wk, 30 minutes	11/14/2016	1/13/2017	Amari has difficulty working and staying focused even within the small group setting of 5 students. She is able to identify all phonemes; however she cannot generalize the skill to unknown words. In 4 of 5 grade level reading attempts she is unable to transfer knowledge of long and short vowels to unknown words. Amari is observed to become frustrated when encouraged to read in a large group setting.

November 16, 2017

2. Phonics Boost 2x/wk, 20 min.	12/1/2016	12/22/2016	Amari states she enjoys the use of the computer but has been unable to transfer the skills to classroom work as observed by the teacher.
---------------------------------	-----------	------------	--

3. Professional staff member completing the form provides the document to the assigned building clerical staff who scans and emails the completed form to the Central Special Education Administrator.
4. Central Special Education Administrator determines sufficiency and notifies the school official of its sufficiency.
  - a. If sufficient, the Principal or school official notifies the parent of receipt of the request for referral.
  - b. If not sufficient, the Principal or school official contacts the professional staff member completing the form to obtain the necessary information and resubmit.
5. Once sufficiency is determined,
  - a. the Central Special Education Administrator provides a copy of the sufficient form to the SSA who opens up the event in Frontline; and
  - b. the Principal or school official conducts a meeting with the Parent, the Student, if appropriate, and the person submitting the request for referral within 10 school days.
6. At the meeting, the Principal or school official discusses other general education supports and/or interventions that may be warranted and informs the parent of his/her right to directly refer the student for an initial evaluation to the CSE.
7. If the parent and the person submitting the request for referral agree to withdraw the referral, the Principal or school official develop a written agreement identifying alternative methods, strategies, supports, and schedule a follow-up conference. The parent signs the agreement and the Principal or school official scans and emails the written agreement to the Central Special Education Administrator.
8. Central Special Education Administrator provides the written agreement to withdraw to the SSA who places a copy in the cumulative folder and closes the referral in Frontline.
9. If there is no withdrawal of the request for referral, the SSA issues a prior written notice (PWN) with consent to evaluate and the CSE process begins.





Department of Specialized Services  
 Committee on Special Education  
 131 West Broad Street  
 Rochester, NY 14614

Date Received by Department of Specialized Services
Sufficiency Date

**Request for Referral for an Initial Evaluation to the Committee on Special Education**

Bilingual Evaluation Needed (Check the box if the student requires a bilingual evaluation)

Student's ID:		Student Name:	
Date of Birth:	Gender: Choose an item.	Race/Ethnicity: Choose an item.	
Does Student Live with Parents? <input type="checkbox"/> YES <input type="checkbox"/> No			
If No, With Whom Does the Student Live?:		Relationship:	
Parent/Guardian:			
Home Address:			
Home Phone:		Work Phone:	
Dominant Language of the Student:			
Dominant Language of the Parent:		Interpreter Needed:	
Teacher:	School:	Grade:	
Referring Person/Title:			
<i>*If information is inaccurate please update with school office personnel</i>			

**Referral Source (Choose from Drop Down Box)**

Choose an item.

**Reason for Referral -Description of Action Proposed or Refused**

**-The CSE is requesting consent to conduct an evaluation to determine initial eligibility for special education services.**

**Major Areas(s) of Concern: Check each reason for referring this student:**

Communication

- |  |  |
|--|--|
| <input type="checkbox"/> Communicates Basic Needs and Wants    | <input type="checkbox"/> Expressive Language |
| <input type="checkbox"/> Articulation                          | <input type="checkbox"/> Voice Quality       |
| <input type="checkbox"/> Knowledge of Sound/Letter Association | <input type="checkbox"/> Receptive Language  |
| <input type="checkbox"/> Other Specify:                        | <input type="checkbox"/> Other Specify:      |

Academic Performance

- |  |  |
|--|--|
| <input type="checkbox"/> Oral Expression         | <input type="checkbox"/> Listening Comprehension               |
| <input type="checkbox"/> Written Expression      | <input type="checkbox"/> Basic Reading Skills                  |
| <input type="checkbox"/> Reading Comprehension   | <input type="checkbox"/> Reading Fluency                       |
| <input type="checkbox"/> Mathematics Calculation | <input type="checkbox"/> Mathematics Reasoning and Application |
| <input type="checkbox"/> Other Specify:          | <input type="checkbox"/> Other Specify:                        |

<b>Student ID:</b> Click here to enter text.	<b>Student Name:</b> Click here to enter text.	<b>DOB:</b> Click here to enter text.
--	--	---------------------------------------

2

**Health, Vision, Hearing and Motor Abilities**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Gross Motor Skills</b> | <input type="checkbox"/> <b>Fine Motor Skills</b> |
| <input type="checkbox"/> Body Control              | <input type="checkbox"/> Perceptual Motor         |
| <input type="checkbox"/> Locomotion                | <input type="checkbox"/> Sensory                  |
| <input type="checkbox"/> Vision                    | <input type="checkbox"/> Hearing                  |
| <input type="checkbox"/> Developmental History     | <input type="checkbox"/> Other Specify            |
| <input type="checkbox"/> Other Specify             |   |

**Social and Emotional Status**

- |   |  |
|---|--|
| <input type="checkbox"/> Interaction with Peers       | <input type="checkbox"/> Mood Swings                   |
| <input type="checkbox"/> Interaction with Adults      | <input type="checkbox"/> Repetitive Behaviors          |
| <input type="checkbox"/> Compliance of Rules          | <input type="checkbox"/> Self Concept                  |
| <input type="checkbox"/> Acceptance of Consequences   | <input type="checkbox"/> Inactivity or Withdrawal      |
| <input type="checkbox"/> Acceptance to Disappointment | <input type="checkbox"/> Cooperation                   |
| <input type="checkbox"/> Self Help Skills/Play Skills | <input type="checkbox"/> Self Control                  |
| <input type="checkbox"/> Team/Membership              | <input type="checkbox"/> Expression of Feelings/Affect |
| <input type="checkbox"/> Other Specify:               | <input type="checkbox"/> Other Specify:                |

**General Intelligence**

- |   |  |
|---|--|
| <input type="checkbox"/> Understanding New Concepts             | <input type="checkbox"/> Predicting Events/Results |
| <input type="checkbox"/> Interpreting Data to Make Decisions    | <input type="checkbox"/> Problem Solving           |
| <input type="checkbox"/> Comparing/Contrasting Ideas of Objects | <input type="checkbox"/> Applying Knowledge        |
| <input type="checkbox"/> Perceptual Discrimination              | <input type="checkbox"/> Memory                    |
| <input type="checkbox"/> Other Specify:                         | <input type="checkbox"/> Other Specify:            |

**Work Skills/Technical/Vocational Functioning**

- |   |   |
|---|---|
| <input type="checkbox"/> Attending to Task                | <input type="checkbox"/> Punctuality                              |
| <input type="checkbox"/> Following Directions             | <input type="checkbox"/> Completing Work                          |
| <input type="checkbox"/> Independent Work Habits          | <input type="checkbox"/> Organizing Materials/Belongings          |
| <input type="checkbox"/> Seeking Assistance When Needed   | <input type="checkbox"/> Using Technology to Gather/Organize Info |
| <input type="checkbox"/> Using Research Tools Effectively | <input type="checkbox"/> Identifying Preferences/Interests        |
| <input type="checkbox"/> Maintaining Physical Stamina     | <input type="checkbox"/> Recognizing Personal Limitations         |
| <input type="checkbox"/> Having Realist Vocational Goals  | <input type="checkbox"/> Other Specify:                           |
| <input type="checkbox"/> Other Specify:                   |   |

<b>Specialized Equipment Currently Used By Student:</b>	<b>List Device/Equipment:</b>	<b>Date(s) Used:</b>
---	-------------------------------	----------------------

Explanation of Why Action Is Proposed Or Refused (Choose from drop down box)  
Choose an item.

Student ID: Click here to enter text.	Student Name: Click here to enter text.	DOB: Click here to enter text.
---------------------------------------	---	--------------------------------

**Summary of Standardized Group Test Data (Description of evaluation procedure, assessment, records, or reports used in the decision to propose or refuse the action)**

**Achievement – Include test name, date and score**

Reading	Math	ELL Scores
Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.

Description of each evaluation, procedure, assessment and record or report used in the decision to propose or refuse the action (Choose from Drop Down Box)  
Choose an item.

**Physical Functioning:**

Attach documentation for results of each screening.

VISION	HEARING	MOTOR	SPEECH
<i>Required for all students referred for special education</i>		<i>Required as determined by the Rtl committee</i>	<i>Required as Determined by the Rtl committee</i>
Screening Date: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Screening Date: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Screening Date: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Screening Date: <input type="checkbox"/> Passed <input type="checkbox"/> Failed

Student ID: <a href="#">Click here to enter text.</a>	Student Name: <a href="#">Click here to enter text.</a>	DOB: <a href="#">Click here to enter text.</a>
---	---	--

4

**Student Supports:**

<b>Does the student currently have the following:</b>	
504 Accommodation Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
ERSS Services	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Describe any Existing Health Conditions Below:</b>

Is Student Currently on Medication?: <input type="checkbox"/> Yes <input type="checkbox"/> No
---

Involvement with Outside Agency(ies): <input type="checkbox"/> Yes <input type="checkbox"/> No Agency:
Describe services that are being provided to this student by agency(ies) listed above:

Student ID: Click here to enter text.	Student Name: Click here to enter text.	DOB: Click here to enter text.
---------------------------------------	---	--------------------------------

5

**Check the evaluations that are proposed to be conducted:**

Required for all initial evaluations:

- Psychological Evaluation
- Classroom Observation
- Social History
- Health Assessment

Indicate additional evaluations required to address areas of suspected disability:

- Functional Behavior Assessment (required for all referrals where behavior is impacting learning)
- Speech/Language Evaluation
- Occupational Therapy Evaluation
- Physical Therapy Evaluation
- Assistive Technology
- Other

**Extent of Parent Contact/Involvement:**

**Description of Any Other Option Considered and Reasons Rejected:**

- There were no other options considered at this time
- Other options considered at this time include:  
These options were not recommended because:

**Description of Any Other Factors That Are Relevant:**

<b>Student ID:</b> Click here to enter text.	<b>Student Name:</b> Click here to enter text.	<b>DOB:</b> Click here to enter text.
--	--	---------------------------------------

6

**Response to Intervention/Student Support Team Decision**

List Team Members:	
<input type="checkbox"/> This referral indicates a suspected disability and there is a need for an individual evaluation. <input type="checkbox"/> The student participated in Response to Intervention (RtI) <input type="checkbox"/> The student participated in Academic Intervention Service (AIS)	
Describe the level and outcome of RtI/AIS provided to the student:	
Date of Team Decision:	

\_\_\_\_\_  
Signature of Person Submitting Referral

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Central Special Education Administrator

\_\_\_\_\_  
Date

I verify that I have reviewed this referral with the Principal/Principal Designee and it meets the requirements of 8NYCRR Section 200.4(a)(2)(iii).

**Request for Committee on Special Education for a Classified Student  
Part 200.4**

1. A request for a CSE meeting for a classified student can be submitted by the following sources: Parent, Designee of the School District, Commissioner or Designee of a Public Agency, Designee of a Childcare Institution with a CSE, Staff Member, Licensed Physician, Judicial Officer, Staff Member of a Public Agency, Student that is at least 18 years old or emancipate minor (includes staff members from BOCES, Charter Schools, Nonpublic Schools and Approved Private Schools). **Parent requests can be verbal, written, or electronically submitted.**
2. All Requests for a CSE for a Classified Student must be immediately forwarded to the Principal or school official.
3. Principal or school official coordinates with professional staff member(s) to complete the *Request for CSE Meeting for a Classified Student*.
4. *Request for CSE Meeting for a Classified Student* form is provided to the School CSE Designee for processing (opening draft) and to start the compliance clock.
5. If request results in a need for a reevaluation, the School CSE Designee completes the PWN with consent to evaluate (utilizing the information provided in the referral form) and sends to parent with a stamped addressed envelope.
  - a. Signed consent is sent to School CSE Designee.
  - b. School CSE Designee logs consent in process log, files the signed consent in the student's cumulative file, and informs Principal that consent was received and provides Principal 60-day timeline.
  - c. School CSE Designee notifies the School Psychologist of receipt of the consent to evaluate
  - d. Psychologist collaborates with team (psych, SLP, SW, SET) to coordinate evaluations and ensure compliance with timeline.
  - e. Psychologist informs the Principal or school official of completion of evaluations (within 60-day timeline).
  - f. Principal or school official informs school clerical that the meeting can be scheduled since evaluations have been completed (must be scheduled within 60 school days of receipt of consent to evaluate or within 60 school days of referral if no evaluations are necessary). School clerical sends Notice of Meeting to all parties (parent must have 5-day notice of meeting).
  - g. **If the request results in a reevaluation that may include consideration of a more restrictive placement (as determined by the psychologist and school team), the School CSE Designee notifies the assigned Central Office SSA or Clerk 1 who will schedule the CSE meeting with a Central Office CASE.**
6. If the *Request for CSE Meeting for a Classified Student* does not result in a need for a reevaluation, the Principal or school official informs school clerical that the meeting can be scheduled (must be scheduled within 60 school days of referral if no evaluations are necessary). School clerical sends Notice of Meeting to all parties (parent must have 5-day notice of meeting).



**Department of Specialized Services  
Committee on Special Education  
131 West Broad Street  
Rochester, NY 14614**

Date Received by Department of Specialized Services
Date Received by Building

**Request for CSE Meeting for Classified Student**

Bilingual Evaluation Needed (Check the box if the student requires a bilingual evaluation)

Student's ID:		Student Name:	
Date of Birth:	Gender: Female	Race/Ethnicity: Choose an item.	
Does Student Live with Parents? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If No, With Whom Does the Student Live?:		Relationship:	
Parent/Guardian:			
Home Address:			
Home Phone:		Work Phone:	
Dominant Language of the Student: English			
Dominant Language of the Parent: English		Interpreter Needed:	
Teacher:	School:	Grade:	
Requestor Name/Title:			

Request Source (Choose from Drop Down Box)

Choose an item.

Type of Request (Choose from Drop Down Box)

Choose an item.

Reason for Request-Description of Action Proposed or Refused (Choose from Drop Down Box)

Choose an item.

Explanation of Why Action Is Proposed or Refused (Choose from Drop Down Box)

Choose an item.

**Check the evaluations that are proposed to be conducted:**

- Psychological Evaluation
- Classroom Observation
- Social History
- Health Assessment
- Functional Behavioral Assessment
- Speech/Language Evaluation
- Occupational Therapy Evaluation
- Physical Therapy Evaluation
- Assistive Technology
- Other: Specify \_\_\_\_\_

**Bilingual Evaluation:**

Bilingual Evaluation Needed (Check the box if the student requires a bilingual evaluation)



<b>Student ID:</b>	Click here to enter text.	<b>Student Name:</b>	Click here to enter text.	<b>DOB:</b>	Click here to enter text.
--------------------	---------------------------	----------------------	---------------------------	-------------	---------------------------

**Extent of Parental Contact/Involvement:**

**Description of Any Other Option Considered and Reasons Rejected:**

- There were no other options considered at this time
- Other options considered at this time include:

These options were not recommended because:

**Description of Any Other Factors that are relevant:**

\_\_\_\_\_  
**Signature of Person Submitting Referral**

\_\_\_\_\_  
**Date**



Every child is a work of art.  
Create a masterpiece.

Department Specialized Services  
131 West Broad Street  
Rochester, New York 14614

AGREEMENT FOR WITHDRAWAL OF A COMMITTEE ON SPECIAL EDUCATION REFERRAL

**Date:** Click here to enter text

I know the Referral to the Committee on Special Education (CSE) was submitted for my child:

**Last Name:** Click here to enter text. **First Name:** Click here to enter text

**Date of Birth:** Click here to enter text. **ID#:** Click here to enter text.

**Address:** Click here to enter text **School:** Click here to enter text.

I know I have the right to have my child tested and have the results reviewed by the CSE. I also know that the CSE would formally meet with me and determine whether my child is eligible for special education programming, and/or services.

At this time my decision to withdraw the CSE referral is due to the following reasons:

---

---

I understand I may change my mind at any time and refer my child to the CSE. I can do this by writing to the Principal at my child's school.

The area of concern is:

---

In meeting with school officials, it was determined that possible supports and/or solutions to address the area of concern prior to a CSE referral are:

---

We will meet again on or about \_\_\_\_\_ to review my child's progress and to decide if a CSE referral should be submitted.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Administrator's Signature

\_\_\_\_\_  
Date