



Request for Consideration of a Special Education Assessment

Person making request: _____ Position: _____ Date: _____
 Private school: _____ Phone: _____
 Address: _____
 Teacher/counselor: _____ Gr: _____

Student: _____ D.O.B: _____ M ___ F ___
 (Last) (First) (M.I.)

Parent: _____ Phone: _____

Address _____ Cell: _____

SUSPECTED DISABILITY (IES)

- | | | |
|--|---|--|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Speech/Language Disorder | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Deaf | <input type="checkbox"/> Hard of Hearing |
| <input type="checkbox"/> Deaf/Blind | <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Multiply Handicapped |
| <input type="checkbox"/> Other Health Impaired (includes attention deficit/hyperactivity disorders and medical problems) | | |

INSTRUCTIONAL CONCERNS

Reading

- Is a significant area of need. (Specify) _____

 Is not a significant area of need.

Written Language

- Is a significant area of need. (Specify) _____

 Is not a significant area of need.

Math

- Is a significant area of need. (Specify) _____

 Is not a significant area of need.

Social/Emotional

- Is a significant area of need. (Specify) _____

 Is not a significant area of need.

Other (Specify): _____



SAN DIEGO UNIFIED SCHOOL DISTRICT
Special Education Programs Division
Parentally Placed Private School Services



PRIOR INTERVENTIONS

Presentation

- Directions Given in a Variety of Ways
- Highlighted Texts
- Large Print
- Modified Curriculum
- Oral Tests
- Reduced Paper/Pencil Tasks
- Repeated Review Drill
- Short-Answer Tests
- Shortened Assignments
- Taped Lectures
- Taped Texts

Setting/Response

- Increased Verbal Response Time
- Preferential Seating

Timing/Scheduling

- Extended Time for Completing Assignments
- Extended Time for Completing Texts
- Frequent Breaks

Use of Aids or Tools

- Assignment Notebooks
- Calculator
- Low Vision Aids
- Study Sheets

Additional Support/Assistance

- Individualized Instruction
- Note-Taking Assistance
- Peer Buddy/Peer Tutor
- Reader Services

DOCUMENTATION & RECORDS *(Please provide the following information, if available:)*

- Teacher Observations of Student
- Student Work Samples
- Report Cards/Progress Reports
- Private Assessment Reports
- Summaries of Most Recent School-Wide Standardized Tests Administered
- Attendance Record
- Health/Medical Information
- Interests, Hobbies, Recreational Activities
- Private Tutoring
- Record of Primary Language or English Language Competence

WHO TO CONTACT

- ▶ If the child resides within the SDUSD and attends a private school within the District, deliver this form, along with documentation, to a special education provider assigned to the child's District school of residence (SOR).
- ▶ If the child resides within the SDUSD but attends a private school located in another district, contact the special education department of the district in which the private school is located.
- ▶ If the child resides outside of the SDUSD but attends a private school located within the SDUSD, send form and documentation and the completed *PPPSS Enrollment Form* to Dr. Terry M. Scott, PPPSS, IMC, Building A. For additional information call 858.496.1871.
- ▶ If you suspect the child may be deaf, hard of hearing, visually impaired or has an orthopedic impairment, contact the Office for Low Incidence Programs at 858.490.8451.