

MEMO

TO: Parents of Children Who Attend Private Schools or Are Educated at Home

FROM: Tanya Tacker, Executive Director of Special Education
for Rum River Special Education Cooperative

RE: Identification of Students with Disabilities

I am writing to explain your rights under the Individuals with Disabilities Education Improvement Act (IDEA 2004) which requires public school districts to identify children in nonpublic schools who have disabilities within its school district's boundaries.

Should you perceive that your child has a disability and is not making satisfactory academic, social behavioral and/or communicative progress and has a substantial limitation in the areas of learning and communicating, you may seek a screening and evaluation through the public school whose boundaries contain the private school your child attends. The evaluation will be designed to determine whether or not your child has a disability as defined by special education eligibility criteria in Minnesota Rules (MR) 3525. For children with disabilities who are found eligible to receive special education services, parents will be invited to participate on a planning team that will review the information and propose services. The process is as follows:

1. You will be invited to attend the planning team meeting at the public school. Representatives from the nonpublic school will be invited to attend also. The team will review the information presented by your child's teacher, evaluator and/or other staff. You will also have an opportunity to share information as you deem appropriate. The enclosed "Referral Review Form" should be completed and shared with the school district. This form allows you to provide a complete picture of your child's strengths and areas of concern and will assist the planning team in developing a comprehensive evaluation plan.
2. You will receive a written notice of the proposed evaluation for your approval. This notice requires written permission by the parent prior to the public school conducting the evaluation.
3. Once written parental permission is received, then the public school special education staff will conduct your child's evaluation. You will have an opportunity to provide further information about your child's needs as a part of the evaluation.
4. The planning team will complete an Evaluation Summary Report and they will make a decision regarding your child's eligibility for special education.

Children eligible for special education services under (MR) 3525 will have an Individual Services Plan developed by a planning team of public school special education staff, nonpublic school staff and you.

Please see attached brochure for further information and the name and contact information for the Special Education Coordinator serving the public school district in which your private school is located. Please direct your questions and communications between the private school and the public school to the person named in the brochure.

Referral Review Form
 Rum River Special Education Cooperative
 (Braham, Isle, Milaca, Mora, Ogilvie and Princeton)

Student Name _____	Grade _____
Parent(s) Name _____	DOB _____
Address _____	Phone _____
Referring Person _____	Date of Referral _____
Classroom Teacher _____	School _____

Read each statement below. Check "yes" if there is a concern and "no" if there is not a concern for each particular item. For the item(s) checked "yes," briefly elaborate in the space provided.

<u>Intellectual/Cognitive</u>	YES	NO
Student demonstrates verbal abilities below age mates	_____	_____
Student demonstrates overall development below age mates	_____	_____
Student demonstrates problem-solving, reasoning abilities below age mates	_____	_____
Student demonstrates knowledge base of the world below age mates	_____	_____
Student sound blending abilities and phonemic awareness below age mates	_____	_____
Student demonstrates abilities with visual-perceptual tasks below age mates	_____	_____
Student requires a long wait time before responding verbally	_____	_____
Student requires cues in order to recall information	_____	_____
Student demonstrates difficulty retrieving learned information over a period of time	_____	_____
Student demonstrates difficulty recalling directions just after hearing them	_____	_____

<u>Communication Skills</u>	YES	NO
Student has unusual (hoarse, nasal, etc.) voice quality	_____	_____
Student displays non-fluent speech (stuttering)	_____	_____
Student's speech is hard to understand	_____	_____
Student demonstrates a limited vocabulary	_____	_____
Student shows immature sentence structure	_____	_____
Student has difficulty getting his/her point across	_____	_____
Student lacks specificity (over uses words such as "this, that, thing")	_____	_____
Student is unable to retell a story	_____	_____
Student seldom speaks at school	_____	_____
Student is unable to paraphrase classroom instructions	_____	_____
Student often misunderstands directions	_____	_____
Student has trouble asking questions when needing help	_____	_____
Student has trouble answering questions	_____	_____
Student has difficulty understanding/using multiple meaning words or figurative speech	_____	_____
Student has poor topic maintenance	_____	_____
Student has difficulty interpreting/using nonverbal cues	_____	_____
Student often makes odd or irrelevant comments	_____	_____
Student has difficulty making eye contact/limited eye contact	_____	_____

Academic Skills

YES NO

This student has difficulty mastering skills taught in the following area(s):

- a. Reading comprehension _____
 - b. Reading – decoding skills _____
 - c. Reading – unable to follow written directions accurately _____
 - d. Reading fluency _____
 - e. Mathematics Calculation – memorizing math facts _____
 - f. Math Calculation – utilizing manipulatives _____
 - g. Math reasoning – knowing how to solve problem _____
 - h. Spelling _____
 - i. Writing – difficulty with forming letters _____
 - j. Writing – difficulty putting thoughts into written form _____
 - k. Content areas (Social Studies, Science, Health) _____
 - l. Specialist Areas (Art, Music, Phy. Ed.) _____
-

Health & Physical Status

YES NO

- Student is often absent due to illness _____
 - Student often seems lethargic or fatigued _____
 - Student seems to have frequent colds _____
 - Student often complains of illness _____
 - Student has difficulty maintaining appropriate hygiene & grooming _____
 - Student wears glasses or contacts _____
 - Student wears hearing aid(s) _____
 - Student has braces for his arms or legs _____
 - Student uses a walker/cane/crutches _____
 - Student is in a wheelchair _____
 - Student has artificial limb(s) _____
 - Student seems overweight or obese _____
 - Student has a diagnosed chronic health condition (ex. Asthma, ADHD) _____
 - Student has a diagnosed physical disability (ex. Cerebral Palsy) _____
-

Social, Emotional or Behavioral Skills

YES NO

Are there concerns with this student’s behavior in any of the following areas:

- a. Ability to acquire and maintain peer relationships/friends _____
 - b. With authority figures at school _____
 - c. With authority figures in the community _____
 - d. With authority figures at home _____
 - e. In structured settings (classroom, specialist areas) _____
 - f. In unstructured settings (playground, hallways, lunch) _____
 - g. In response to frustration _____
 - h. Attending to task _____
 - i. Taking responsibility to complete and return assignments _____
 - j. Demonstrating ability to control emotions _____
 - k. Appropriately asking for assistance when needed _____
 - l. Has difficulty respecting own or other’s property _____
-

Motor Skills

YES NO

Student falls easily _____

Student is clumsy when walking, running, using stairs etc. _____

Student cannot perform hop or skip as expected for age _____

Student fatigues easily and appears to be weak _____

Student moves stiffly, and/or has rigid or tense movements _____

Student has poor rhythmical response (ex. When clapping rhythms) _____

Student has difficulty with ball skills _____

Student has difficulty with gymnastic activities _____

Student has poor balance _____

Student holds a pencil, crayon, or chalk awkwardly _____

Student strokes too heavily or too lightly _____

Student has difficulty using scissors _____

Student has difficulty with printing or writing _____

Student has inconsistent hand preference – switches hand _____

Student has difficulty with shoe tying, buttons zippers etc. _____

Student has difficulty drawing continuous lines and shapes _____

Student compensates or covers motor failures with silliness or other
inappropriate behavior _____

Student exhibits unusual motor behaviors (tremor, tics, shakiness, etc.) _____

Student moves impulsively with little judgment _____

Student runs into person or things _____

Student avoids certain motor activities whenever possible _____

Student has poor attention and is easily distracted _____

Student exhibits an excessive activity level for age _____

Student has difficulty remembering movement sequences _____

Student has difficulty following motor directions _____

Student has difficulty with directional concepts (left/right, front/back) _____

Student has difficulty recognizing shapes/letters _____

Student has difficulty with drawing/copying shapes _____

Student reverses letters and words such as “b” for “d” or “saw” for “was” _____

Student is unusually sensitive to odors _____

Student is unusually sensitive to noises or sound _____

Student seems to need to feel or touch things before reacting _____

Student overreacts to touch or physical contact, may hit out or withdraw _____

Student is bothered by certain clothing textures or tags _____

Student has unexplained aversion or gag reflex to certain foods or textures _____

Student avoids eye contact _____

Functional Skills

YES NO

- Student has poor self-care skills _____
 - Student has trouble adjusting to change _____
 - Student has limited social skills _____
 - Student lacks age appropriate independence _____
 - Student has difficulty keeping track of materials _____
 - Student has difficulty organizing self _____
 - Student does not use independent work time effectively _____
-
-

What family contacts have occurred, decisions made, and when?

Nature of Contact (P/T Conference, phone, etc.)	Date	Decision(s)

Is the student involved with any of the following?

YES NO

- Private Counselor _____
- Social Services _____
- Other _____

Has the student been referred for evaluation before?

When? _____