



# Seattle Public Schools Special Education Addendum

Date: \_\_\_\_\_ ID #: \_\_\_\_\_

Office Use ONLY

ESC/BFC Contact \_\_\_\_\_ Phone \_\_\_\_\_

Immediate placement/ "real time"

Placement for next school year

### **Message to Parents /Guardians**

The information you provide below will assist us in designing an appropriate program for your child.

Thank you for taking the time to provide us with current information about your child's educational needs.

Student's Legal Name

\_\_\_\_\_  
Last First Middle

Name of Person Completing Form: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone \_\_\_\_\_

Check all areas in which your child has received special education services.

reading  writing  math  
 behavior  social skills  study skills  
 speech/language therapy  occupational/physical therapy

Estimate the amount of time your child receives special education services in the areas checked above.

½ day or less (0-4 hours)  
 more than ½ day (more than 4 hours)  
 special help for speech/language and/or occupational/physical therapy only  
 don't know

Describe your child's special education program (for example, how many teachers and/or assistants in the classroom, number of students in the classroom, types of things your child is learning).

Does your child have any physical, emotional, or medical problems?  Yes  No

If yes, please describe:

Is your child currently taking any medication?  Yes  No

If yes, please describe:

Does your child have an IEP (Individualized Education Program) now?  Yes  No

Please list any other concerns you have about your child (such as behavioral needs, health needs, instructional needs).



# Special Education Transfer Packet Consent and Authorization for Mutual Exchange of Information

Date \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Legal Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize the mutual exchange of information regarding the student named above, for the purpose of establishing special eligibility and placement, between Seattle Public Schools' Special Education Transfer Office and those schools your child has previously attended listed below:

School Name	City and State	Grade(s)	Date Withdrew

I understand that I may revoke this consent and authorization at any time unless action has already been taken based on this authorization. I also understand that I may inspect or copy information to be disclosed.

Parent/Guardian Name (please print)

\_\_\_\_\_

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

**WE CANNOT PROVIDE SPECIAL EDUCATION SERVICES FOR THIS STUDENT UNTIL RECORDS ARE RECEIVED.**

Please send records, including (a) academic and special education records, including IEPs; (b) educational/psychological evaluations; (c) vision/hearing and social/emotional evaluations; (d) medical history/present health status information; and (e) any other appropriate records AS SOON AS POSSIBLE to:

Seattle Public Schools  
Special Education Referral and Intake  
M/S 31-725 PO Box 34165  
Seattle, Washington 98124-1165

**THANK YOU**

Please direct questions to Rochelle Fields at 206-252-0890 or e-mail at [rfields@seattleschools.org](mailto:rfields@seattleschools.org).