Seattle Public Schools
Special Education Addendum

Date: ___________________ ID #: ___________________

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).

Office Use ONLY
Service Center Contact ______________________________________ Phone ______________

___ Immediate placement/ “real time”   ___ Placement for next school year
Special Education Transfer Packet
Consent and Authorization for Mutual Exchange of Information

Date _______________ Birth date _____/____/_____ 

Student’s Legal Name 

Last ___________________________ First ___________________________ Middle ___________________________

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:

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<th>School Name</th>
<th>City and State</th>
<th>Grade(s)</th>
<th>Date Withdrew</th>
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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____

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