Seattle Public Schools
Special Education Addendum

Date: _____ ID #: _____

Office Use ONLY
Service Center 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

_____ _____ _____
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:

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_____

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