

# 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                           Study Skills  
 Behavior or Social skills     OT or PT                           Speech/Language     Audiology/Hearing or Vision

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

½ day or less (0-4 hours)                           speech/language and/or occupational/physical therapy only  
 more than ½ day (more than 4 hours)                           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 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

Fax: 206-252-0894 E-mail: [spedood@seattleschools.org](mailto:spedood@seattleschools.org)

**THANK YOU**

Please direct questions to the Special Education records review team at 206-252-0890  
or e-mail at [spedood@seattleschools.org](mailto:spedood@seattleschools.org)