

Celebrating 50 Years



CHARLES  
ARMSTRONG  
SCHOOL

# IEP

## Instructions and Information

For more information contact:  
Margie Curran at  
[mcurran@charlesarmstrong.org](mailto:mcurran@charlesarmstrong.org)

# PUBLIC SCHOOL IEP PROCESS

## A Step by Step Guide

---

### Step #1:

### Everyone to Complete

1. Charles Armstrong Authorization of Release of Confidential Information
  - a. Under **Information released to**, please **add the school district** (i.e. Belmont Redwood Shores School District, your home district or both), the school, assessors and testers, psychologists, and any other professionals that **you know** may want to observe or test your child as part of the IEP.
    - i. Note: **if you do not know the names of all of the professionals** who may request to assess your child, if you list **the school district name(s)**, all of the professionals associated with that district will be covered within this release of information.
  - b. **Check all of the boxes in the first column** in order to allow on-campus observations and testing, teachers to respond to assessment requests and the release of all associated information required to complete the IEP process.
  - c. Add any additional information you authorize to be released in the **other section**.
2. Return signed form to Student Services

AUTHORIZATION OF RELEASE OF CONFIDENTIAL INFORMATION  
FORM

FOLLOWING THIS PAGE





## Authorization of Release of Confidential Information

Information requested from (please list school districts, assessors and/or other professionals):

-----Charles Armstrong School-----  
 \_\_\_\_\_  
 \_\_\_\_\_

Information released to (please list school districts, assessors, and/or other professionals):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

At my request, I, \_\_\_\_\_, hereby authorize the disclosure of the information checked below from the records of:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> School Information                     | <input type="checkbox"/> Psychologist's Status or Progress |
| <input type="checkbox"/> Teacher Reports/Evaluations            | <input type="checkbox"/> Psychiatric Reports/Evaluations   |
| <input type="checkbox"/> IEP/Evaluations                        | <input type="checkbox"/> Confidential Health Information   |
| <input type="checkbox"/> Academic Status or Progress            |  |
| <input type="checkbox"/> On-campus Classroom Observations       | <input type="checkbox"/> Other (Specify)                   |
| <input type="checkbox"/> On-campus Testing                      | _____  |
| <input type="checkbox"/> Counselor Reports/Evaluations          | _____  |
| <input type="checkbox"/> Communication between Schools/Agencies |  |

Purpose of disclosure is to help determine educational programming, or may be beneficial to help determine appropriate intervention by other agencies/professionals.

I may revoke this consent to release information in writing at any time except to the extent that action has been taken or information disclosed pursuant to signed consent. Once information is disclosed it may no longer be subject to HIPAA protections.

This consent shall remain in effect for a period of one year from signature date. To revoke this authorization, I should contact: Charles Armstrong School, 1405 Solana Drive, Belmont, CA 94002. This form has been revised to comply with HIPAA regulations of 4/14/03.

\_\_\_\_\_  
Signature of Lawful Custodian

\_\_\_\_\_  
Date

**SAMPLE LETTER:**  
**REFERRAL FOR SPECIAL EDUCATION**  
**If you live IN San Mateo County**

---

Date

Director of Special Education  
Local Unified School District  
Address  
City, State, Zip

Dear \_\_\_\_\_,

I am the parent of \_\_\_\_\_ who is currently enrolled at the Charles Armstrong School in Belmont, CA. This school delivers specialized instruction to children with a diagnosed Learning Disability. I am planning to transition my child back to Local School in the fall of 2017.

I am writing to make a referral for assessment for special education services for \_\_\_\_\_ as required by 5 C.C.C. Sec. 3021(a). He/she may be eligible for special education services. I am requesting that \_\_\_\_\_ be given a comprehensive assessment by the school district and that an IEP meeting be schedule for him/her.

I look forward to receiving an assessment plan within 15 days. If you have any questions, please feel free to contact me. Thank you for your cooperation and assistance.

Sincerely,

\_\_\_\_\_

CC: Belmont Redwood Shores School District  
Director of Special Education Services  
Maria Lang-Gavidia  
2960 Hallmark Drive  
Belmont, CA 94002

CC: Charles Armstrong School  
Attention: Margie Curran  
1405 Solana Drive  
Belmont, CA 94002-3653

**SAMPLE LETTER:**  
**REFERRAL FOR SPECIAL EDUCATION**  
**If you live OUTSIDE San Mateo County**

---

Date

Ms. Maria Lang-Gavidia  
Director of Special Education  
Belmont Redwood Shores School District  
2960 Hallmark Drive  
Belmont, CA 94002

Dear Ms. Lang-Gavidia,

I am the parent of \_\_\_\_\_ who is currently enrolled at the Charles Armstrong School in Belmont, CA. This school delivers specialized instruction to children with a diagnosed Learning Disability. I am planning to transition my child back to Local School in the fall of 2017.

I am writing to make a referral for assessment for special education services for \_\_\_\_\_ as required by 5 C.C.C. Sec. 3021(a). He/she may be eligible for special education services. I am requesting that \_\_\_\_\_ be given a comprehensive assessment by the school district and that an IEP meeting be schedule for him/her.

I look forward to receiving an assessment plan within 15 days. If you have any questions, please feel free to contact me. Thank you for your cooperation and assistance.

Sincerely,

\_\_\_\_\_  
CC: Local Unified School District  
Director of Special Education  
Their Name Here  
Address  
City, State, Zip

CC: Charles Armstrong School  
Attention: Margie Curran  
1405 Solana Drive  
Belmont, CA 94002-3653

**\*\*YOU MUST INCLUDE THE FORMS FOLLOWING THIS PAGE ENTITLED:**

**1) SELPA, 2) Referral for Assessment to Belmont-Redwood Shores School District, 3)  
Belmont Redwood Shores INTAKE Form (4 pages) and 4) copies of previous evaluations**

Updated: 6/4/2018



# San Mateo County Special Education Local Plan Area

## CONSENT TO RELEASE OR EXCHANGE INFORMATION

NAME OF STUDENT \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

DISTRICT/SCHOOL: \_\_\_\_\_

Written parental consent shall be obtained before personally identifiable information is disclosed in writing or orally to anyone other than authorized employees specified by the school district. You need to know that:

- You choose which agencies shall exchange information.
- You may refuse to sign this exchange form.
- Information about your child and family is strictly confidential. Your child's school maintains records specifying the source of the information, the date and purpose of any disclosure, and with whom information was shared.
- These records will help in evaluation assessment and IEP development of your child.
- You have the right to review records.
- Your rights are preserved under: Title 34 Code of Federal Regulations; Family Education Rights Privacy Act of 1974, Title 20 of the United States Code, Section 1232 (g), Title 34 Code of Federal Regulations, Section 99.
- This consent is good for one year unless you withdraw your consent before that time.

I give permission for the above named Local Education Agency to exchange information relevant to my child's educational and related service needs with the following agency/agencies. Please initial the box(es) below to permit the exchange of information about your child with the specific agency/agencies.

- |  |   |
|--|---|
| <input type="checkbox"/> School District: _____  | <input type="checkbox"/> Occupational Therapist: _____              |
| <input type="checkbox"/> Audiologist: _____  | <input type="checkbox"/> Other Medical Specialist: _____            |
| <input type="checkbox"/> California Children's Services: _____                           | <input type="checkbox"/> Primary Care Physician/Clinic: _____       |
| <input type="checkbox"/> County Offices of Education: _____                              | <input type="checkbox"/> Psychologist/Psychiatrist: _____           |
| <input type="checkbox"/> San Mateo County Behavioral Health and Recovery Services: _____ | <input type="checkbox"/> Public Health Nursing: _____               |
| <input type="checkbox"/> Dept. of Rehabilitation: _____                                  | <input type="checkbox"/> Regional Center: _____                     |
| <input type="checkbox"/> Family Resource Centers: _____                                  | <input type="checkbox"/> Speech Therapist: _____                    |
| <input type="checkbox"/> Human/Social Services Dept: _____                               | <input checked="" type="checkbox"/> Other: <u>Charles Armstrong</u> |
| <input type="checkbox"/> Infant Development Program: _____                               | <input type="checkbox"/> Other: _____                               |

*A photocopy of this form shall be as valid as the original. I understand that I am to receive a copy of this authorization.*

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return information to:**

District Name: **BELMONT-REDWOOD SHORES**

Address: **SCHOOL DISTRICT**

**2960 Hallmark Drive**

Attention: **Belmont, CA 94002**

Phone: 650 637 4800 Fax: 650 637 4811

**Referral for Assessment to Belmont-Redwood Shores School District**

**Identifying information:**

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **date:** \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **date:** \_\_\_\_\_

**District of Residence:** \_\_\_\_\_

Student previously attended school in this district? Yes No

**Contact/Teacher at School of Attendance:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Other information:**

- ✓ Written request for assessment
- ✓ Documentation of SST meeting dates and pre-referral activities
- ✓ Previous IEPs (if any)
- ✓ Previous assessments (if any)
- ✓ Written Summary from current classroom teacher (s) regarding concerns
- ✓ Health and Development questionnaire
- ✓ Consent to exchange information

*Submit the above information with this form to Belmont-Redwood Shores School District,  
2960 Hallmark Drive, Belmont, CA 94002 Attention: Special Programs*

# BELMONT-REDWOOD SHORES ELEMENTARY SCHOOL DISTRICT

2960 Hallmark Drive  
Belmont, California 94002-2999

Maria Lang-Gavidia  
Director of Special Programs

Telephone: (650)637-4800  
FAX: (650)637-4811

## INTAKE FORM

Dear Parent(s):

As you know, your child has been referred for a psychoeducational evaluation. In order to better understand your child and your concerns, it would be helpful to have this information ahead of time. Please feel free to omit an item if you so choose.

Please complete this form and return as soon as possible. Your cooperation is greatly appreciated.

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_ (Mother) (Father)  
What is your child's ethnicity? \_\_\_\_\_

Does your family speak any language besides English at home? \_\_\_\_\_

If so, what language? \_\_\_\_\_ What is the predominant language? \_\_\_\_\_

What was the language your child first learned to speak? \_\_\_\_\_

When did your child first speak English? \_\_\_\_\_

Mother or Guardian

Father or Guardian

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Is student living with both natural parents? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, please explain: \_\_\_\_\_

Student's doctor \_\_\_\_\_  
(Name) (Address)

Medical plan and number \_\_\_\_\_

Specialist (Eye/Hearing) \_\_\_\_\_  
(Name) (Address)

Other \_\_\_\_\_

Does your child wear glasses? \_\_\_\_\_

Date of most recent vision test \_\_\_\_\_ Results \_\_\_\_\_

Date of most recent hearing test \_\_\_\_\_ Results \_\_\_\_\_

Please comment if your child has had: allergy, asthma, convulsions, any restrictions on activity at school?

\_\_\_\_\_  
\_\_\_\_\_



Does your child take any medications? \_\_\_\_\_ Explain: \_\_\_\_\_

Brothers and/or sisters:

<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>School or Occupation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other persons in the home:

<u>Name</u>	<u>Relation</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____

How does your child get along with:

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Brother(s): \_\_\_\_\_

Sister(s): \_\_\_\_\_

Friends: \_\_\_\_\_

By whom is your child disciplined? \_\_\_\_\_ In what way? \_\_\_\_\_

General Information

Approximate weight at birth \_\_\_\_\_ Months carried \_\_\_\_\_ Approximate hours of labor \_\_\_\_\_

Type of delivery: Caesarian \_\_\_\_\_ Normal \_\_\_\_\_ Other \_\_\_\_\_

Mother's age at delivery \_\_\_\_\_ Mother's health during pregnancy \_\_\_\_\_

Please describe child's health during and after delivery \_\_\_\_\_

Please give approximate ages for the following:

Age sat up \_\_\_\_\_ Age walked \_\_\_\_\_ Age stopped bottle or breast feeding \_\_\_\_\_

Age first word \_\_\_\_\_ Age talked in sentences \_\_\_\_\_ Age toilet trained \_\_\_\_\_

Serious illnesses or injuries (type and age) \_\_\_\_\_  
\_\_\_\_\_

Present health \_\_\_\_\_  
\_\_\_\_\_

Please check any area(s) which constitute a problem for your child

Eating \_\_\_\_\_ Sleeping \_\_\_\_\_ Bedwetting or other toilet accidents \_\_\_\_\_ Nail biting \_\_\_\_\_

Thumb sucking \_\_\_\_\_ Nightmares \_\_\_\_\_ Getting along with friends \_\_\_\_\_

Self-help skills (Dressing, Bathing, Etc.) \_\_\_\_\_  
\_\_\_\_\_

Unusual fears \_\_\_\_\_ Please describe \_\_\_\_\_  
\_\_\_\_\_

Please list child's major interests and hobbies \_\_\_\_\_  
\_\_\_\_\_

Do you feel your child is having difficulties in school? \_\_\_\_\_ At home? \_\_\_\_\_

If so, what do you consider the problem? \_\_\_\_\_  
\_\_\_\_\_

If there is a problem, when and how did it begin? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any past or present circumstances that you think could be related to your child's present difficulties?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever had counseling? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child ever had any psychological or psychiatric evaluations? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, by whom (Agency/Name) \_\_\_\_\_  
\_\_\_\_\_

Please submit copies of any previous evaluations with this form.

Educational History

Age started nursery school \_\_\_\_\_ Age started kindergarten \_\_\_\_\_

List schools attended by this student (include nursery school and kindergarten if applicable)

<u>Name</u>	<u>Location</u>	<u>Grade</u>	<u>Reason for Leaving</u>

Has your child ever repeated a grade? \_\_\_\_\_ If so, which grade? \_\_\_\_\_

Has your child ever been in a Special Education program? \_\_\_\_\_

If so, which program? \_\_\_\_\_

Child's feelings about school \_\_\_\_\_

How do you feel about the school program that has been provided for your child? \_\_\_\_\_

Please put other comments below that will help us understand your child.

Mother's comments \_\_\_\_\_

Father's comments \_\_\_\_\_

Who completed this form? \_\_\_\_\_