

 Policy #: D-1	Effective Date:	Page #: 1 of 2
Ref #: 1308.6(e)	Policy Council Approval Date: 8/28/07	Revision Date: 4/12/07

COMPONENT: DISABILITIES

SUBJECT: SPECIAL EDUCATION REFERRALS

PERFORMANCE OBJECTIVE: To ensure that children with special needs are identified and special education services are provided in a timely manner through an effective referral process.

OPERATIONAL PROCEDURE:

All children enrolled in Head Start receive sensory and developmental screenings in a timely manner according to Performance Standard 1304.20(a)(1)(ii). The results of these screenings will determine the need for referral for further evaluation in order to determine the need for special education and related services.

Once it has been determined that a child needs further evaluation, informed parental consent will be obtained from the child’s parent or legal guardian. The Parent-Teacher Referral Form will be completed by the child’s teacher, and the parent or guardian must give signed consent for the referral to be made. The completed referral form will be submitted to the Health and Disability Manager. In the instance that a parent or guardian refuses permission to refer, the parent must indicate so on the referral form, and the form must be signed and submitted to the Health and Disability Manager. The completed referral form giving Head Start permission to refer the child will be submitted to the appropriate Local Education Agency (LEA) with all supporting documentation as soon as possible. It is the responsibility of the LEA to obtain permission to evaluate the child from the parent. Head Start will assist in obtaining permission whenever necessary.

PARENT – TEACHER REFERRAL

In order to ensure that every child in the Highland Rim Head Start program is given the same opportunities, each child will be screened within 45 days of enrollment with signed parental consent. After screenings are complete, it may become evident that your child may need further assessment by Head Start or the local school system. By signing this form, you acknowledge that your child's screens have been explained to you and that the results of those screens indicate a need for assessment, and you give Highland Rim Head Start permission to refer your child for further assessment. Please indicate below why you feel a referral is needed at this time.

NAME OF CHILD	CENTER
DATE OF BIRTH	SOCIAL SECURITY NUMBER
PRINTED NAME OF PARENT/GURDIAN	
MAILING ADDRESS	

COMMENTS: _____

According to Tennessee State law, parents or guardians may invite anyone they choose to their child's IEP meeting. By signing below, you indicate that you give permission for the LEA to invite the Highland Rim Head Start Disability Manager or other Head Start personnel to IEP meeting.

- Yes, I give my permission to Highland Rim Head Start to refer my child for further assessment.

- No, I do not give my permission to Highland Rim Head Start to refer my child for further assessment.

PARENT/GUARDIAN SIGNATURE

DATE

HEAD START TEACHER SIGNATURE

DATE