RE: ____________________________
Name of Child

Dear Parent/Guardian:

Attached please find the Request for Assistance information packet. Please complete the enclosed forms and return them to the address listed at the top of the next page. Included in this packet you will find the following forms:

1. Preschool Request for Assistance to be completed by the parent.
2. Parent Consent for Screening to be signed by parent/guardian.
3. Authorization to Release/Exchange Confidential information to be signed by the parent/guardian. **Please leave the top and center sections blank.**
4. Intervention checklist to be completed by parent and/or teacher.
5. Parental Rights for your information and to be kept for your records.
6. Copy of the required Form 3300

**We will also need:**

1. A copy of your **child’s birth certificate.** We **cannot process the request without this document.**
2. A copy of your **child’s Social Security card.**
3. A copy of any previous evaluations, including audiological (hearing).
4. If your child is currently receiving any therapy, updated therapy notes from the provider.
5. A copy of a recent **3300** (3300 must be dated within 3 months of referral and “passed” for vision and hearing. Resources for form 3300: local health department or child’s physician designated by Georgia Department of Public Health).

**After the request has been received the following steps will occur:**

1. One of our diagnosticians will contact you to arrange for hearing (if needed) and vision screenings. If the child fails either of these, any further testing will be stopped until we receive clearance.
2. Once we receive hearing and vision clearance you will be asked to sign Consent for Evaluation. **It will be our goal to complete all testing and determine eligibility for special education services within 60-90 days from the date we receive a signed Consent for Evaluation.**
3. Evaluations, which may include screenings and/or full evaluations, will then be completed and an eligibility for special education will be determined.

If you have any questions, please feel free to contact our office at (470)254-0404.

Sincerely,

Leah Carroll, M. Ed.
Preschool Special Education Coordinator

**Administrative Center**
6201 Powers Ferry Road, N.W. • Atlanta, Georgia 30339 • 470-254-0404 • 470-254-1243 fax • www.fultonschools.org
Fulton County Schools
Services for Exceptional Children
Preschool Request for Assistance

Please complete all questions & return Referral Packet information via email, mail, or fax to:
Services for Exceptional Children
Leah Carroll, M. Ed., Preschool Special Education Coordinator
6201 Powers Ferry Road, N.W.
Atlanta, Georgia 30339
470-254-0404 ph | 470-254-1243 fax
Email address: preschool@fultonschools.org

Source of request for assistance:
Name of person(s) seeking assistance ___________________________ Position ___________________________

Address ________________________________________________________________

City ___________________________ State ______ Zip Code ______

Phone number ___________________________ email address ___________________________

Personal Data
Child’s Name ___________________________ Date of Birth ___________________________

Address ___________________________ City ___________________________

State ______ Zip Code ______ Sex ______ Age ______

Social Security Number ___________________________ (send copy of card)

Race (Please check) ______ Asian ______ African American ______ Hispanic ______ Native Indian/Alaskan ______ White

Mother’s/Guardian’s Name ___________________________ Home/Cell Phone ___________________________

E-mail address ___________________________ Work Phone ___________________________

Father’s/Guardian’s Name ___________________________ Home/Cell Phone ___________________________

Work Phone ___________________________ E-mail address ___________________________

Marital Status ______ Legal guardian ______ Child’s Preschool ___________________________

Language(s) spoken at home ___________________________

Other children in the home and ages ___________________________

What elementary school do the children in your area attend? ___________________________

Please refer to the district website (www.fultonschools.org), click School Locator/Bus Route/type street address and zip code to identify the elementary school.

Reason for Referral: ________________________________________________________________

Birth and Developmental History

Were there any unusual conditions during pregnancy? ___________________________

During pregnancy did mother experience any problems with: ___ chronic disease ___ poor nutrition
___ trauma ___ drug abuse ___ hypertension ___ toxemia ___ diabetes ___ premature labor
___ Other: ________________________________________________________________

Normal birth? ___ If not, please describe: ________________________________________________________________

Premature birth? ___ If yes, how early and any related complications ___________________________

Birth weight? ___ pounds ___ ounces ___________________________

List any difficulties during infancy: ________________________________________________________________
Has child passed newborn hearing screening? Yes____ No____
Any special problems in growth and development during first few years? Yes, please describe
____________________________________________________________________________________________________________________________________________________________________________________________________________________________
At what age did your child: crawl________ walk________ toilet trained ______ say first words______
use several words at a time________ speak in sentences________
What do you consider your child’s strengths to be? ________________________________

Health History
List all current medical diagnosis
List any childhood diseases, serious injuries or surgeries and ages when they occurred:
____________________________________________________________________________________________________________________________________________________________________________________________________________________________
List any medication taken regularly and dosage:
Reasons for taking:
Has your child ever seen any of the specialists listed below? If so please list doctor’s name and reason

_____ Ophthalmologist
_____ Neurologist
_____ Gastroenterologist
_____ Cardiologist
_____ Psychologist/Psychiatrist
_____ ENT
_____ Orthopedist
_____ Developmental Pediatrician
_____ Other
Has your child had any private evaluation(s)? No____ Yes___ If yes, please give type of evaluation(s), date(s) and name of evaluator(s):
____________________________________________________________________________________________________________________________________________________________________________________________________________________________
Results of evaluation(s)

Please send copies of any private evaluations.

Description of child’s needs
Describe reason for request for assistance in detail:
____________________________________________________________________________________________________________________________________________________________________________________________________________________________
How does this impact the child’s performance?
When was this first noticed?
Special services/therapy child currently receives
____________________________________________________________________________________________________________________________________________________________________________________________________________________________
Physical problems
Describe child’s interactions with peers
Is child able to verbally express wants/needs?
If not, what is the child’s typical mode of communication?
Can child’s peers understand him/her?
Is the child able to be understood by adults?
Is the child able to play independently? __Yes  ___No  If yes, for how long? ____________________________

What activities does the child prefer? ______________________________________________________________

What things does the child NOT like to do? __________________________________________________________

Check the words that describe your child:

___ dependent  ___ aggressive  ___ inattentive
___ cooperative  ___ inattentive  ___ shy
___ friendly  ___ moody  ___ fluffy
___ impulsive  ___ attentive  ___ clumsy
___ destructive  ___ normal activity level  ___ independent
___ easily redirected  ___ even tempered  ___ picky eater
___ difficulty w/changes in routine  ___ changes activities easily  ___ prone to temper outbursts
___ withdrawn  ___ follows rules  ___ eager to learn
___ age appropriate play skills  ___ poor eye contact

If behavior problems are present what are they and what seems to trigger them? __________________________

Does the child have any unusual mannerisms? ______________________________________________________

Check all of the items that you have observed your child do regularly:

___ say nursery rhymes  ___ identify basic colors  ___ count to what number
___ state full name  ___ state age  ___ draw basic shapes
___ follow 2 step directions  ___ follow classroom routine  ___ access playground
___ equipment  ___ sing songs  ___ pedal a tricycle
___ use complete sentences  ___ use words to obtain a desired object or activity
___ eat without assistance  ___ take care of toileting needs without assistance
___ participate in circle time  ___ show compassion for or assist a peer
___ interact appropriately with peers

What additional information should we know about your child? __________________________________________

_____________________________________________________________________________________________

The information on this form will remain confidential. Thank you for taking the time to fully complete this form as it will give us valuable background information.
AUTHORIZATION TO RELEASE
CONFIDENTIAL STUDENT INFORMATION

Student Full Name (Please Print): ___________________________ Date of Birth: __/__/____

Parent/Guardian Name (Please Print): ___________________________ School: ___________________________

☐ I authorize the persons or agencies listed below to release confidential records, medical, health and educational information and/or other confidential student information (as identified below) for the above student.

PERSON/AGENCY RELEASING RECORDS (PLEASE PRINT):

Name/Organization: ___________________________ Phone: ___________________________
Address: ___________________________ Fax: ___________________________
City: ___________________________ State: ______ Zip Code: ______

THESE RECORDS MAY BE FORWARDED TO (PLEASE PRINT):

Name/Organization: ___________________________ Phone: ___________________________
Address: ___________________________ Fax: ___________________________
City: ___________________________ State: ______ Zip Code: ______

☐ Release of student information will be reciprocal between persons/agencies listed above (Please check box).

☐ I understand that signing this authorization is voluntary and may be revoked at any time by providing a written notice to Fulton County School System. The withdrawal of this authorization does not affect any student information disclosed prior to this written notice.

☐ This authorization expires: ____/____/____
(insert applicable date or if blank, consent expires 12 months from date signed on this release)

The following information will be released/exchanged (Check All That Apply):

<table>
<thead>
<tr>
<th>EDUCATIONAL RECORDS</th>
<th>SPECIALIZED EVALUATIONS AND RECORDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ All Student Educational Records</td>
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<td>☐ Enrollment</td>
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<tr>
<td>☐ Withdrawal</td>
<td>☐ Neuropsychological</td>
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<tr>
<td>☐ Attendance</td>
<td>☐ Treatment Plan/Recommendations</td>
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<tr>
<td>☐ Behavior</td>
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<td>☐ Grades/Progress reports</td>
<td>☐ Physical Therapy</td>
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<tr>
<td>☐ Immunization</td>
<td>☐ Speech/Language</td>
</tr>
<tr>
<td>☐ Official Transcript</td>
<td>☐ Vision</td>
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<tr>
<td>☐ Student Intervention Team records/plans</td>
<td>☐ Hearing</td>
</tr>
<tr>
<td>☐ Other: ______________</td>
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<td>☐ IEP Meeting Minutes</td>
<td>☐ Diagnoses</td>
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<td>☐ Individualized Education Plans (IEP)</td>
<td>☐ Medications</td>
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<td>☐ Consent for Placement</td>
<td>☐ Educational Impact Summary</td>
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<td>☐ Consent for Evaluation</td>
<td>☐ Discharge Summary</td>
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<td>☐ Adaptive Behavior reports or checklists</td>
<td>☐ Outpatient Treatment Plan</td>
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<td>☐ Behavioral reports or checklists</td>
<td>☐ Other: ______________</td>
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<tr>
<td>☐ Transition Plan</td>
<td>☐ Other: ______________</td>
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<tr>
<td>☐ Eligibility Report for all Categories of Disability</td>
<td>☐ Other: ______________</td>
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<td>☐ Developmental/Social/Behavioral History</td>
<td>☐ Other: ______________</td>
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Parent/Guardian Signature: ___________________________ Date: __/__/____
PARENT/GUARDIAN CONSENT FOR VISION AND HEARING SCREENING

Date: ____________________________________________

Student Name: ___________________________ Date of Birth: _________

Home School: ________________________________

We request your permission to screen your child’s hearing and vision. Hearing screening may include an audiological evaluation if required. You have the right to review the completed screening results. If you have questions, please contact Ms. Leah Carroll, Preschool Special Education Coordinator at 470-254-0405.

Please check one and return with your request for assistance packet.

___ I give permission for my child to be screened for vision and hearing.

___ I do not give permission for my child to be screened for vision and hearing for the following reason(s): __________________________________________________________

No evaluations can be conducted until both vision and hearing has been cleared.

__________________________________________ Date_________________________

Parent/Guardian Signature
Parent Intervention Checklist

Child’s Name:  

Date of birth:  

Parents: Please check everything you have tried to help your child before contacting us. Indicate when you started and stopped your attempts. Rate how well your child responded: 0 = no change, 1 = helped some but still have concerns, 2 = helped a lot

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7
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Other things attempted: ____________________________________________________________

If your child is in a day care or Pre K setting please ask the teacher to complete the Teacher Intervention checklist. If he/she is not in one of these settings, please leave blank.
### Teacher Intervention Checklist

**Child's Name:** ____________________________  
**Date of birth:** ____________________________

Teacher: Please check everything you have done to try to help the child. Indicate when you started and stopped the interventions. Rate how well the child responded: 0 = no change, 1 = helped some but still have concerns, 2 = helped a lot

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9
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Other things attempted:________________________________________________________________________________________________________________________

Please return this form to the parent so it can be sent in with the other Request for Assistance paperwork.
FREQUENTLY ASKED QUESTIONS

The answers are based on the Georgia State Regulations, Special Education Implementation Manual, and/or local procedures.

1. How are students referred for Special Education services?
   Students can be directly referred for assessment by Babies Can’t Wait and parents. Public and private preschools and physicians may also recommend an assessment but it is the responsibility of the parents to initiate the referral process. Once the completed packet is received, a diagnostic team is assigned and an intake appointment is scheduled.

2. Once I have returned the referral packet how long does it take for my child to be evaluated?
   Referrals are processed in the order in which they are received. A specific timeline is difficult to determine as the volume of referrals fluctuates throughout the year (early fall and late spring are especially busy times of the year). In general, you should receive a contact from the diagnostic team within two weeks of your referral being assigned.

3. What items might I be asked to provide in the referral process?
   Parents are asked to complete the referral, a copy of student’s birth certificate and social security card, guardianship/surrogate paperwork (as appropriate), a copy of parent driver license, and any supporting documents for suspected areas of delays (e.g. therapy notes and/or evaluations, psychological, data collection from therapist and/or parents). Dependent on student’s age, an audiological appointment may be scheduled.

4. Is testing available in the summer months?
   Diagnosticians follow the Fulton County Calendar, therefore are not on contract during the summer. Referrals received after May 1st will be processed and a diagnostician will make contact once school reconvenes in August.

5. How does testing take place?
   A diagnostic team will include an educational diagnostician and a speech therapist. Depending on the presenting concerns your child’s assessment team may also include a psychologist, an occupational or physical therapist, or a teacher specializing in deaf/hard of hearing or visual impairments. Your team will review current information, may conduct interviews or provide questionnaires to parents (and teachers as appropriate). Once hearing and vision have been cleared, the team will also conduct standardized testing using published assessments designed for this age group.
6. How is eligibility determined?
   Once the evaluation is completed, an eligibility meeting will take place. Parents are an
   important member of the eligibility team. The team will review the results of the
   assessments and determine if the child is eligible for special education in any one or
   more of the 13 categories of special education eligibility as described in the Georgia
   State Regulations [34 C.F.R. § 300.306(a)(1)].

7. What does Significant Developmental Delay mean?
   Significant Developmental Delay (SDD) refers to a delay in a child’s development in
   adaptive behavior, cognition, communication, motor development and/or social
   emotional development to the extent that, if not provided with special intervention, the
   delay may adversely affect a child’s educational performance in age-appropriate
   activities. The term does not apply to children who are experiencing a slight or
   temporary lag in one or more areas of development, or a delay which is primarily due to
   environmental, cultural, or economic disadvantage or lack of experience in age
   appropriate activities.

8. What services are offered to eligible students?
   Area(s) of need are identified through the assessment process. The team (which
   includes the parents) then writes goals and objectives designed to remediate those skill
   deficits. This document is called an Individual Education Plan (IEP). The plan includes
   services to meet the individual needs of each child in the least restrictive environment.
   The services represent a continuum that can range from consultation to self contained
   special education classroom daily programming and may include speech therapy,
   physical therapy, occupational therapy or specialized interventions from teachers of the
   deaf/hard of hearing, or visually impaired if needed.

9. What is the criteria to qualify for a full day program?
   Preschool Special Education was designed to address significant delays. In general,
   students who participate in this model have significant delays in one or more areas of
   development that require an intense level of service. It is not appropriate to consider
   a full day program as a replacement for preschool or day care.
10. My child was eligible for Significant Developmental Delay and Speech-Language services but I want my child to only receive Speech-Language services. Is this possible?
As members of the IEP team, parents are encouraged to actively engage in the development of the IEP for their child and have healthy discussions regarding all goals and services proposed. The IEP represents a comprehensive plan to address your child’s area(s) of needs. The final plan is considered to be necessary in order for the student to receive an appropriate education to meet his/her goals and objectives. Parents may not elect to accept part of the plan or selected services.

11. Where will my child receive services?
For preschool aged students these settings can include, but are not limited to: private preschool, Head Start, Georgia Pre-K, daycare sites or special education classrooms embedded in elementary school throughout the District. Preschool programming is not available at all schools. The program that your child will attend is determined based on a feeder pattern. No exceptions to the feeder pattern are permitted.

12. Is transportation provided?
Bus transportation is provided for students attending preschool education classrooms (daily). Parents can receive reimbursement for transporting their child to other services, if requested.

13. I've heard that services may be limited if my child attends a private preschool that also offers a kindergarten program. Is this true?
Schools that offer or are affiliated with a kindergarten (or higher grade level) program are considered private schools by the State. If the student is found eligible for services but the parent elects to continue their child’s enrollment in the private school, parents will reject the IEP and receive information regarding workshops offered by the district for parents and private school staff members supporting students with disabilities.
14. How was it determined that speech is the only service available to eligible private school students?
Each year the District conducts public information meetings regarding a federal requirement to spend a percentage of federal funds to serve private school students. This requirement is called Proportionate Share. Private schools are encouraged to attend and invite interested parents to participate. One important outcome of the meeting is that parents and private school representatives are given an opportunity to provide input regarding what services best meet the needs of their community. These meetings revealed that the Fulton County Schools community desires workshops offered by the district for parents and private school staff members supporting students with disabilities.

**Referral Packets** can be obtained by calling 470-254-0404, emailing preschool@fultonschools.org, or downloading from the link provided below:

**English:**

**Spanish:**

**Further Contact:**
Fulton County School Services for Exceptional Children 6201 Powers Ferry Road NW Atlanta, Georgia 30339 470-254-0400 ph 470-254-1243

Leah Carroll, Coordinator, 470-254-0402 carrollL@fultonschools.org
Page 1 of 5

Total: 250

Central Department of Education

Page 1 of 5

Total: 250

Central Department of Education

Page 1 of 5

Total: 250

Central Department of Education

Page 1 of 5

Total: 250

Central Department of Education

Page 1 of 5

Total: 250

Central Department of Education

Page 1 of 5

Total: 250

Central Department of Education
PRIVATE SCHOOL PLACEMENT AT PUBLIC EXPENSE

The IDEA does not mandate a school system in the public system to implement an IEP or an educational program designed for the child, or to provide the child with the services required by the IEP. However, students with disabilities have the right to receive an appropriate education in the least restrictive environment.

1. Have your child evaluated with non-participating children in the mainstream setting?

2. Have you considered placement at the public expenses?

3. Have you reviewed the child's educational record and determined that the child is eligible for special education and related services?

4. Have you considered and determined that the child is appropriate for special education and related services?

5. Have you considered and determined that the child is appropriate for special education and related services?

6. Have you considered and determined that the child is appropriate for special education and related services?

NOTE: In the case of a child with disabilities, the child's educational program must be designed to meet the child's unique needs.

SUPPORTIVE PARTICIPANTS

1. Supportive participants must be involved in the development of the IEP.

2. Supportive participants must be involved in the development of the IEP.

3. Supportive participants must be involved in the development of the IEP.

4. Supportive participants must be involved in the development of the IEP.

5. Supportive participants must be involved in the development of the IEP.

6. Supportive participants must be involved in the development of the IEP.

DECISIONS

1. What is your decision?

2. What is your decision?

3. What is your decision?

4. What is your decision?

5. What is your decision?

6. What is your decision?
PROCEDURES WHEN DISABILITY CONFLICTS WITH DISCIPLINE

1. Incidents for which the 504 or Section 508 complaints are filed
   in accordance with the complaint procedures, and the complaints
   are received by the local Education Agency in Writing, shall not:
   • Be transferred to the school discipline procedures or
     requested to be referred to the school discipline
     procedures.
   • Be investigated or resolved by school discipline
     procedures.

2. If an incident is handled or resolved by school discipline
   procedures, and the incident is reported to the local Education
   Agency in Writing, the Education Agency and school
   administration shall:
   • Review the incident to determine:
     • Whether the provisions of the 504 or Section 508
       were or are being violated.
     • Whether the provisions of the 504 or Section 508
       were or are being violated.
     • Whether the provisions of the 504 or Section 508
       were or are being violated.

3. If the incident involves a violation of the 504 or Section 508
   provisions, the Education Agency or the school administration
   shall:
   • Conduct an investigation of the incident.
   • Determine whether the student is entitled to the
     provision.
   • Take appropriate action to address the violation of
     the provision.

4. If the incident involves a violation of the 504 or Section 508
   provisions, the Education Agency or the school administration
   shall:
   • Take appropriate action to address the violation of
     the provision.
   • Take appropriate action to address the violation of
     the provision.

5. If the incident involves a violation of the 504 or Section 508
   provisions, the Education Agency or the school administration
   shall:
   • Take appropriate action to address the violation of
     the provision.
   • Take appropriate action to address the violation of
     the provision.

6. If the incident involves a violation of the 504 or Section 508
   provisions, the Education Agency or the school administration
   shall:
   • Take appropriate action to address the violation of
     the provision.
   • Take appropriate action to address the violation of
     the provision.

7. If the incident involves a violation of the 504 or Section 508
   provisions, the Education Agency or the school administration
   shall:
   • Take appropriate action to address the violation of
     the provision.
   • Take appropriate action to address the violation of
     the provision.

8. If the incident involves a violation of the 504 or Section 508
   provisions, the Education Agency or the school administration
   shall:
   • Take appropriate action to address the violation of
     the provision.
   • Take appropriate action to address the violation of
     the provision.