



# Mecosta-Osceola Intermediate School District

## Initial Special Education Evaluation Form

Student Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Race \_\_\_\_\_

School \_\_\_\_\_ Contact Teacher \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Resident District \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Requesting Person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Has the student been retained (yes, no) \_\_\_\_\_ Do they wear glasses/hearing aids: \_\_\_\_\_

Initiated Request:  Parent  Teacher  Principal  Other \_\_\_\_\_

**\* Please fill out each section**

**\* Statement/Area of Concern(s)** \_\_\_\_\_

\_\_\_\_ Academic \_\_\_\_ Social Emotional \_\_\_\_ Behavior \_\_\_\_ Gross Motor \_\_\_\_ Fine Motor \_\_\_\_ Sensory  
\_\_\_\_ Language \_\_\_\_ Articulation \_\_\_\_ Adaptive Skills \_\_\_\_ Health Related \_\_\_\_ Other \_\_\_\_\_

**\* Please indicate which of the following REQUIRED documentation is attached to this form:**

- Intervention Log/Benchmark Data/IRIP/Child Study/TAT/SAT/Data Day etc.
- Relevant prior testing
- Behavior documentation-Not anecdotal information, discipline referrals, frequency, intensity and duration
- State and District assessment results (past 3 years)
- Current progress this marking period: Attendance, grades, missing work, most recent report card/progress report
- Documentation of Medical Diagnosis/Physician's Statement
- Other documents pertaining to the above area of concern: \_\_\_\_\_

\_\_\_\_\_  
**\*Referring Person/Signature**

\_\_\_\_\_  
**\*District Representative Signature**

\_\_\_\_\_  
**\*Date of Receipt of Referral by District**

\_\_\_\_\_  
**Date Received by MOISD**

\_\_\_\_\_  
**Due Date for Parent Notification/Request for Consent**



# Initial Referral Guidelines

(The [Initial Referral](#) form is available on the MOISD Website, under SPEC. ED. FORMS AND RESOURCES)

## Who can request an Initial Referral?

- Parent or any Public Agency
- The school district must complete an Initial Referral form along with the [New Enrollment In Special Education Programs and Services Form](#) *for all out-of-state move-ins who do not have a valid Michigan MET.*

## Who can fill out the Initial Referral?

- Teachers
- Parent (*if the parent completes the first section of the form, please review it to ensure it has been filled out completely and is legible before submitting*)
- District Reps
- School Counselors
- Special Education Supervisors
- Local Preschools or Parochial Schools
- School Counselors

## What information is entered in the Statement/Area of Concern(s)?

- Give a brief, clear description of the reason for the referral.

## Who signs and dates the Initial Referral?

- The referring person can be named on the signature line above Referring Person/Signature.
- The Principal/District Representative/or the District's Special Education Supervisor must sign on the line above **District Representative Signature** and *date* on the line above **Date of Receipt of Referral by District**, before the referral can be processed by the ISD Special Education office. If the signature and date are not included, the form will be returned to the sender.

## What if a parent or public agency submits an Initial Referral? Who does it go to for signature?

- The Initial Referral will be sent to the local district (*where the student currently resides*) representative to be signed and dated.

## What documentation needs to be sent with the referral?

- Review the documentation list and send *all* relevant records/documents.  
**No documentation is required for "speech only" referrals.**

## What happens next?

- It is crucial for the local district rep to send the completed Initial Referral, including required documentation to the MOISD the same day the referral is signed; **the MOISD eval team only has 10 school days** from the *date the Initial Referral is signed* to schedule an Initial REED meeting with the parent.
- ISD Special Education office will fill in the **Date Received by MOISD** and **Due Date for Parent Notification/ Request for Consent**.
- The 10-day Due Date for the Initial REED meeting will be emailed to the appropriate eval team members, school secretary, district special education supervisor and school administrator with a copy of the Initial Referral, including documentation.

## What if this student already receives special education services and there is a request for testing?

- Initial Referral form is **not** needed. **A ReEval REED for additional or updated testing can be completed.**

**\*\*\*SEND COMPLETED FORM TO: [specialeducation@moisd.org](mailto:specialeducation@moisd.org)**