

Aiken County Public Schools

## Intake for Parent Request for Assistance

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_ Other Schools Attended: \_\_\_\_\_

Teacher(s): \_\_\_\_\_ Grade: \_\_\_\_\_ Grades Repeated: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_ Phone: \_\_\_\_\_

What are the parent's concerns? What specific question does the parent want answered? \_\_\_\_\_

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What type of assistance did the parent request? (Make note if the parent specifically requests evaluation or special education services.) \_\_\_\_\_

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How long has the parent been concerned about these problems? \_\_\_\_\_

How has the parent tried to address these problems? \_\_\_\_\_

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Does the child have any significant medical issues? \_\_\_\_\_

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Has the child had any private evaluations (exs. psychological, speech, occupational therapy, physical therapy, etc.)? \_\_\_\_\_ If yes, explain. \_\_\_\_\_

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Does the parent have any written records they would like to share with school personnel? \_\_\_\_\_

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The following options were **discussed** with the parent:

- Referral for consideration of a 504 plan (Not relevant if the child does not have a medical diagnosis)
  - Interventions by the regular education teacher within the regular classroom
  - Referral to the School Intervention Team for consideration of intensive general education interventions
  - Immediate referral for an evaluation to determine whether the child has a disability and qualifies for special education services (Note: It must also be explained that this means that interventions will be put in place during the evaluation process, but they may not be as intensive as interventions that would be put in place if the child went through the typical intervention process prior to considering evaluation.)
  - Other \_\_\_\_\_
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Which of the following options did the parent **choose to request**?

- Referral for consideration of a 504 plan
  - Interventions by the regular education teacher within the regular classroom
  - Referral to the School Intervention Team for consideration of intensive general education interventions
  - Immediate referral for an evaluation to determine whether the child has a disability and qualifies for special education services
  - Other \_\_\_\_\_
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If the parent chose to request a special education evaluation:

- A copy of this form and the "Procedural Safeguards Notice" were immediately sent or given to the parent.
- It was explained to the parent that a school team (comprised of the principal, the school psychologist, and other appropriate school personnel as determined by the principal) will review their request, along with any other existing information, and make a decision regarding whether to accept or reject the referral. The parent was told that they would be notified in writing of the decision.

School/District Representative Completing Intake \_\_\_\_\_

Parent/Guardian Who Was Interviewed \_\_\_\_\_

Date of Intake \_\_\_\_\_

*If the parent submitted a letter prior to the intake, attach it to this form.*