

## Initial Request and Consent Form for Special Education (School District Form)

Student Name			Parent/Guardian Name		
Date of Birth	rth Age		Address		
Gender	Race		Home Telephone		
Home Address			Other Telephone		
School District			Native Language of Student		
School		Grade	Native Language of Parent		
Teacher or Counselor			Request Date		
SPECIAL EDUCATION F					
There is reasonable caus	e to suspect that this	child has a disabi	ility which adversely affects the child's performance.		
Please explain your areas of concern.					
THE PERSONNEL BELO	W MAY BE INVOLV	<u>'ED IN THIS EVA</u>	<u>LUATION:</u>		
<ul><li>☐ Teacher Consultant/S</li><li>☐ Speech and Languag</li><li>☐ School Psychologist:</li></ul>	Special Education Tea e Therapist: Evaluate Evaluates cognitive :: Evaluates behavior	acher: Evaluates a es language devel ability, academic al, emotional, and			
CONSENT					
I, as parent/guardian:					
<ul> <li>□ have received a co</li> <li>□ understand the cor</li> <li>□ consent to the pro</li> </ul>	ntent of this notice posed evaluation	-	for Parent of Students with Disabilities"  concerns.)		
Parent/Guardian Signat	ure		Date of Consent		
PLEASE SIGN AND RET	URN TO				
Form delivered to pare	ent by:	D	Pate: Method:		
SRESD Administrator Re	ceiving Consent		Date Received		

FAX form to SRESD (989) 743-9601 and provide copy to parent. Retain copy for school file.



## Notice for Initial Request for an Evaluation for Special Education Programs/Services

The *Individuals with Disabilities Education Act* (IDEA) mandates that the district provide written notice to the parent when the district proposes to initiate or change the educational placement of the student or the provision of a Free Appropriate Public Education (FAPE) to the student; or when the district refuses to initiate or change the educational placement of the student or the provision of a FAPE to the student.

a FAPÉ to the student.  You are receiving this notice for: (student name) DOB						
Request Date:	District:	School:				
You are receiving this notice because the district is <i>proposing to initiate</i> an evaluation.  You are receiving this notice because the district <i>will not initiate</i> an evaluation.						
Options and other factors Cor	nsidered but Not Selected	Reason No	ot Selected			
No other options were considered.						
The Procedural Safeguards Notice you received describes protections under the IDEA. The Procedural Safeguards Notice is also available at <a href="http://www.michigan.gov/mde/0,4615,7-140-6598_36168-188305,00.html">http://www.michigan.gov/mde/0,4615,7-140-6598_36168-188305,00.html</a> .						
The following sources are available to assist you in understanding your rights: Student and Parent Support Organizations						
This notice and the student's IEP constitute the district's offer of a FAPE.						
X Signature of Superintendent or D	Date					
Office Use Only: Original: SRESD, Co						
Notice Delivered to Parent By:	Da	te: Metho	od:			



## **Student and Parent Support Organizations**

The Arc 1905 W. M-21 Owosso, MI 48867 (989) 723-7377

www.arcofshiawassee.org

Children's Special Health Care Services Shiawassee County Health Department 110 East Mack Street Corunna, MI 48817 (989) 743-2355

Early Childhood 114 W. North St., Ste. 2 Owosso, MI 48867 (989) 725-2581 or (866) 725-7792 www.sresd.org

Shiawassee County Dept of Human Services 1720 E. Main Street Owosso, MI 48867 (989) 725-3200

Michigan Rehabilitation Services 1025 N. Shiawassee Street Corunna, MI 48817 (989) 743-3471 or (989) 725-1338 www.mi.gov/mrs

Parent Advisory Committee for Special Education PAC Chairperson Contact through Shiawassee RESD (989) 743-3471

Shiawassee Area Transportation Agency (SATA) 180 N. Delaney Rd Owosso, MI 48867 (989) 729-2687 or (877) 667-7100

Shiawassee Health & Wellness 1555 Industrial Ave. PO Box 428 Owosso, MI 48867 (989) 723-6791 or (800) 622-4514 www.shiacmh.org

Shiawassee Regional Education Service District 1025 North Shiawassee Street Corunna, MI 48817 (989) 743-3471 or (800) 743-3471 www.sresd.org

Michigan Special Education Mediation Program 229 N. Pine Street
Lansing, MI 48933
Phone: (517) 485-2274
Toll Free: 1-800-8RESOLVE
Fax: (517) 485-1183
Email: msemp@tds.net
www.cenmi.org/msemp

Arc Michigan 1325 South Washington Avenue Lansing, MI 48910 (517) 487-5426 or (800) 292-7851 www.arcmi.org

Association for Children's Mental Health 6017 W. St. Joseph Hwy., Suite #200 Lansing, MI 48917 (517) 372-4016 or (888) 226-4543 www.acmh-mi.org

Autism Society of Michigan 2178 Commons Parkway Okemos, MI 48864 (517) 882-2800 or (800) 223-6722 www.autism-mi.org

Bureau of Services for Blind Persons 201 North Washington (2<sup>nd</sup> Floor) PO Box 30652 Lansing, Michigan 48909 (517) 373-2062 (800) 292-4200

Capital Area Center for Independent Living 2812 N. Martin Luther Blvd.
Lansing, MI 48906 (517) 999-2760 www.cacil.org

State of Michigan CHAAD (Children and Adults with Attention Deficit Disorder) www.chadd.org

Communication Access Center for Deaf & Hard of Hearing 1505 W. Court St. Flint, MI 48503 (810) 239-3112 www.cacdhh.org

Developmental Disabilities Council 201 Townsend St. STE 120 Lansing, MI 48913 (517) 335-3158

Disability Network 3600 South Dort Highway, Suite 54 Flint, MI 48507 (810) 742-1800 www.disnetwork.org

Dispute Resolution Service Center 516 S. Creyts Ste. A Lansing, MI 48917 (517) 485-2274

www.dsawm.org

Down Syndrome Association of West Michigan 233 Fulton St. E Grand Rapids, MI 49588 (616) 956-3488 or (866) 665-7451 Easter Seal Society of Michigan, Inc. 1420 W. University Ave.

Flint, MI 48504-4897 Phone: (810) 238-0475 www.essmichigan.org

Epilepsy Foundation of Michigan 20300 Civic Center Dr., Ste 250 Southfield, MI 48076-4128 (248) 351-7979 or (800) 377-6226 www.epilepsymichigan.org

Learning Disabilities Association of Michigan 200 Museum Drive, Suite 101 Lansing, MI 48933 (517) 485-8160 or (888) 597-7809 www.ldaofmichigan.org

Michigan Assistive Technology Resource 6500 Centurion Drive, Suite 220 Lansing, MI 48917 (517) 908-3930 (517) 853-1904 (TTY) www.cenmi.org/mits

Michigan Association for Deaf, Hearing and Speech Service 2929 Covington Court, Suite 200 Lansing, MI 48912 (517) 487-0066 or Video Phone (517) 507-5353 www.madhh.org

Michigan Coalition for Deaf and Hard of Hearing www.michdhh.org

MDCH/CSHCS
Michigan Department of Community Health/
Children's Special Health Care Services
P.O. Box 30479
Lansing, MI 48909
(800) 359-3722
www.mi.gov

Michigan Diabetes Outreach Network www.diabetesinmichigan.org/homeECDON.htm

Michigan Protection and Advocacy Service 4095 Legacy Parkway, Suite 500 Lansing, MI 48911 800-288-5923 www.mpas.org