

Referral Process for Evaluation for Special Education Eligibility for Preschool-aged Children

Below are the necessary steps in obtaining a referral for an evaluation for special education eligibility for preschool assessment for your child who is between the ages of 3-5 years and lives within the La Habra City School District attendance area:

- 1. The parent/guardian initiates the referral for a special education assessment by placing their concerns in writing and submitting a letter to the La Habra City School District Attention: Special Education Department with the following:
 - a. Address verification
 - b. Verification of child's date of birth (i.e. birth certificate)
 - c. Immunization record
 - d. Preschool Referral Form
- 2. The District Preschool team will contact the parents to schedule an intake meeting.
- 3. If assessment is determined necessary, the parent/guardian is provided an assessment plan and District enrollment packet.
- 4. The parent/guardian will review the proposed assessment plan and indicate consent for the assessment by signing the consent section of the document and returning this form to the LHCSD Preschool Assessment Center at Las Lomas School. Upon receipt of written consent for the assessments, the District has 60 days to complete all the assessments and hold an Individualized Education Program (IEP) meeting with you to discuss eligibility. The 60-day timeline is a federal and state regulation, and this timeline does stop when school is not in session for more than five days (Winter Break and Summer Recess).
- 5. During the assessment process, evaluations and observations will be scheduled with you and your child so the specialists can obtain sufficient information for determining your child's present levels of functioning and eligibility for special education services.

The LHCSD Preschool Assessment Center is dedicated to providing a comprehensive assessment for preschool children. Our goal is to identify unique individual needs and determine each child's eligibility for special education services under the California Education Code and the Individuals with Disabilities Education Act, 2004. We are committed to working collaboratively with you so your child can reach his/her highest potential. We look forward to meeting you and your child.

La Habra City School District Preschool Referral Form

Child's name:	
Date of Birth:	
Parent/Guardian:	
Residence address:	
Mailing address (if different):	
Home phone:	
March (Call or barre	
Work/Cell phone:	
Email address:	
Ethnicity/Race:	
Etimicity/ Race.	
Language spoken in home:	
Can family receive a phone call in	☐ Yes ☐ No
English?	Tes Live
If no, please specify language:	
Diagonal and attack and action	
Please check and attach each of the Written Request:	le following:
Verification of child's date of birth:	
Immunization Record:	
Address Verification:	
The reput of Available	 verify your name and home address:
o Current Utility Bill	,, y
 Voter Registration 	
o Correspondence from G	overnment Agency
	t, Lease, or Payment Receipts
 Mortgage/Escrow State 	ment
 Property Tax Bill 	
 Pay Stub 	
 Residency Affidavit 	

If you need assistance or have any questions about completing this referral form, please call

La Habra City School District Attn: Special Education Department 500 N. Walnut Street La Habra, CA 90631 (562) 690-2311