



## ***La Habra City School District***

500 North Walnut, La Habra, California 90631-3769

### **Referral Process for Evaluation for Special Education Eligibility for Students Who Attend Private School**

Below are the necessary steps in obtaining a referral for an assessment for special education eligibility for your child who attends a private school and resides 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. Private School Referral Form
2. The school 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 LHCS D school team. 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.

LHCS D is dedicated to providing a comprehensive assessment for 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  
Private School Referral Form**

Child's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Residence address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Home phone: \_\_\_\_\_

Work/Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Ethnicity/Race: \_\_\_\_\_

Language spoken in home: \_\_\_\_\_

Can family receive a phone call in English?  Yes  No

If no, please specify language: \_\_\_\_\_

**Please check and attach each of the following:**

Written Request: \_\_\_\_\_

Verification of child's date of birth: \_\_\_\_\_

Immunization Record: \_\_\_\_\_

Address Verification: \_\_\_\_\_

- Present one of the following to verify your name and home address:
  - Current Utility Bill
  - Voter Registration
  - Correspondence from Government Agency
  - Rental Property Contract, Lease, or Payment Receipts
  - Mortgage/Escrow Statement
  - 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**