



San Francisco Unified School District
Screening & Assessment
3045 Santiago Street
San Francisco, CA 94116
P. 415-759-2206

Dear Parent:

You have requested an assessment by the San Francisco Unified School District. In order that we might proceed with your request, we will need to receive **two** proofs of residency such as a P G & E and phone bill, as well as a letter with your signature stating your request and documenting your concerns.

Enclosed is a packet of information that should be completed to assist the assessment staff in addressing your concerns. Please provide a copy of your child's most recent report card or transcript and sign the release of information form allowing staff to communicate with your child's teacher[s], counselor or principal. Also in order to complete a thorough evaluation, current status of hearing and vision needs to be established.

Assessment staff will provide you with a written respond documenting what is proposed within 15 calendar days from receipt of this packet, excluding summer and school holidays longer than 5 days. Frequently asked questions follow.

Please return all information to:

SFUSD: Special Education
Attn: Screening and Assessment Center
3045 Santiago Street
San Francisco, CA 94116

Or Fax to: (415) 242-2528

Sincerely,

Special Education Services
Screening & Assessment Staff

8/26/16

ASSESSMENT TIMELINES

1. Within 15 calendar days of receipt of a referral, assessment staff will review the referral request and determine the appropriate response to the request. They will either develop an Assessment Plan stating areas to be assessed and instruments used for assessment, or they will send a letter explaining why an assessment will not be conducted.
2. If an Assessment Plan is developed, it will be sent to the parent/guardian for signature. No child can be assessed without parental permission and a signed plan.
3. Within **60 calendar days** of receipt of the signed Assessment Plan **excluding summer and school holidays of more than 5 days**, an assessment will be conducted and an Individualized Education Program meeting (IEP) held.

FREQUENTLY ASKED QUESTIONS

Who will respond? The nature and area of concern of the request will determine the consultant assigned. This could include District psychologists and/or speech pathologists.

What happens after the assessment? The parent/guardian is notified to participate in the Individualized Education Program (IEP) meeting. The notification is provided early enough to ensure the parent/guardian can attend the meeting.

What is an IEP meeting? An IEP meeting is where information gathered from the assessment is explained, discussed and used to make decisions about your child's education. All of the information about your child will be used to:

- Decide if your child is eligible for special education and related services (decide if your child meets the definition of a "child with a disability," under the Individuals with Disabilities Education Act (IDEA).
- If your child is eligible for Special Education Services, goals will be developed to assist your child in getting educational benefit.

Who attends the IEP? The IEP team includes:

1. An administrator/administrative designee
2. The parent/guardian of the student
3. The assessor(s) or personnel qualified to interpret assessment results
4. The student's teacher
5. The student, if over the age of 14.

If my child has a disability but attends a private school, can s/he receive services from the San Francisco Unified School District? If a private school student is found to have a disability, a program will be offered in a public school. The student must attend an SFUSD school in order to receive services.

What services are available at which schools?

- All SFUSD schools have a Speech/Language Pathologist and Resource Specialist on staff. For more details on special day classes offered, go to: [www.sfusd.edu](http://portal.sfusd.edu/template/index.cfm?page=chief_academic.special_ed.programs) (http://portal.sfusd.edu/template/index.cfm?page=chief_academic.special_ed.programs)
- **For more information** please visit our website: [www.sfusd.edu](http://portal.sfusd.edu/template/index.cfm?page=chief_academic.screening). (http://portal.sfusd.edu/template/index.cfm?page=chief_academic.screening.)

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The following items should be returned within 10 business days in order that the assessment staff may respond to your request.

1. Letter with your signature requesting an assessment.
2. Two proofs of residency (two utility or other bills, insurance statements etc.)
3. Verification of student's birth date – copy of **one** of the following:
 - Birth Certificate
 - Hospital Record
 - Baptismal Certificate
 - Passport
4. Consent to release confidential information (Attached)
5. School History (Attached)
6. Teacher Input Form (Attached)
7. Copy of any previous assessment that may have been completed
8. Report Card for current and last school year for all students and a Copy of
**Transcript if student is an 11th or 12th grader.
9. Vision and Hearing Screening within the last 12 months.

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CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I hereby authorize the exchange of information regarding:

Child's Name _____ DOB _____

I give permission to exchange information regarding my child between SFUSD assessment staff and the following people:

School/Teacher(s)	District of Residence	District of Private/Parochial
Names _____	Name _____	Name _____
Add _____	Add _____	Add _____
City/Zip _____	City/Zip _____	City/Zip _____
Tel. _____	Tel. _____	Tel. _____
Email _____	Email _____	Email _____

Principal/Dean/Counselor	Doctor	Childcare Provider
Name _____	Name _____	Name _____
Add _____	Add _____	Add _____
City/Zip _____	City/Zip _____	City/Zip _____
Tel. _____	Tel. _____	Tel. _____
Email _____	Email _____	Email _____

This Authorization may be revoked at any time upon presentation of written request to the above address.

Signature of Parent/Guardian/Adult Student

Date

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Child's Last Name: _____

Child's First, Middle Name: _____

Child's Date of Birth: _____

Child's Grade: _____

Caregiver (Please circle):

Parent Guardian Grandparent Step-Parent Foster Parent Adoptive Parent

Caregiver's Last, First Name: _____

Home Address: _____

City: _____ Zip: _____

Home Tel: _____ Cell Phone: _____

Work Tel: _____ Email: _____

Current School: _____

Sex: Male: _____ Female: _____ Ethnicity: _____

Language Spoken at Home: _____

Why are you referring your child for testing? What is your concern about your child's education and his/her lack of progress? _____

How old was your child when you first noticed problems? _____

What educational question[s] would you like the assessment to answer? _____

Developmental and Family/Home Study

Child's Physician Address Phone

Date of last: physical examination _____ hearing screening _____ vision screening _____

1. Member(s) of Household:

Name	Relationship	Age	Occupation
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Language(s) spoken at home: _____

2. Language preferred by child: _____

3. Length of Pregnancy _____ Birth Weight _____

Describe pre- and postnatal maternal health and infant's health at birth and during first month:

4. Is there anyone in your immediate or extended family who has had learning problems? If yes, who? Describe the problems they had in school. _____

5. How old was child when he or she began to talk? Single words? _____ Sentences? _____

6. How old was child when he or she crawled? _____ Walked? _____

7. Current or chronic health problems (e.g., fatigue, asthma, allergies, seizures, etc.) _____

8. Is child currently on medication? If yes, type of medication _____

9. Are there nutritional concerns? _____

10. History of illnesses, accidents, hospitalizations: _____

11. Speech/language: (Comment on child's ability to speak clearly, the quality of child's voice, how well he or she understands and communicates)

12. Motor Development: (Comment on coordination, persistent clumsiness, child's preference for gross motor or fine motor activities)

13. Hearing/ear problems: ____Yes ____No. Vision or eye problems: ____Yes ____No.

If yes, explain: _____

Please attach an updated hearing and vision screening within the past 12 months if available.

If yes, explain: _____

14. Does child need to wear glasses or a hearing aid? _____

15. Sleep Disturbances? _____ Toilet Problems _____

Weight Problem? _____ Nervous Habits? _____

16. Describe how your child spends his/her time at home. (How does he play, what does he like to do, how active is he, does he like to play alone or with others?)

17. Describe how child interacts and communicates with siblings, other family members, and with peers. Does the child have difficulty in building or maintaining relationships? Is he friendly; active; aggressive; quiet? Does he get angry easily or have tantrums?

18. Describe child's adaptive behaviors i.e., self-care, responsibilities around the home independent functioning in the community. What does he do by himself? Does he dress/undress himself; go to the bathroom; use utensils to eat. How does he behave in stores and on the street with you?

19. Describe any personal traumas or emotional upsets in the child's life and how parent feels this might have affected the child. (Include fears, feelings, or behaviors; tendencies to develop physical symptoms, and pervasive moodiness.)

20. What techniques or methods have the parents attempted to teach the child new things at home (i.e., riding a bike, making a bed, baking a cake, playing ball, as well as homework), and what parents do to help the child learn and remember.

21. Describe your child's strengths. _____

22. Has your child been tested by another agency? Please provide the name and address of the person who did the testing. Also, it would be helpful if you include a copy of any assessment report that you may have. This will assure that your child is not over-assessed and may help speed the process.

23. Has your child ever been held back a grade, and if so, which grade?_____

24. Please list all schools your child has attended:

- a. Kindergarten: _____
- b. First Grade: _____
- c. Second Grade: _____
- d. Third Grade: _____
- e. Fourth Grade: _____
- f. Fifth Grade: _____
- g. Sixth Grade: _____
- h. Seventh Grade: _____
- i. Eighth Grade: _____
- j. Ninth Grade: _____
- k. Tenth Grade: _____
- l. Eleventh Grade: _____

25. Will you be enrolling your child in a San Francisco Unified School District school program this current school year?

Yes

No

26. Speech and Language Checklist (To be completed if there is a concern regarding speech/language)

Has the child had previous speech therapy? Yes_____ No _____ If yes, when _____

Is the child fluent English speaking? Yes_____ No _____

How does child communicate his or her wants and needs? _____

Comments: (Please state any issues that you feel may have affected the child's language learning process, i.e. family issues, cultural adjustment, etc.)

Mark the selections that apply:

SPEECH PRODUCTION

Does the child pronounce sounds in words incorrectly?

Does the child have unusual voice quality? (hoarse, nasal, etc.)

Is the voice unusually high/low?

Is the voice unusually loud/soft?

Does the child repeat words/syllables/sounds excessively, and/or

Sometimes stop completely?

ORAL LANGUAGE COMPREHENSION

Does the child have difficulty understanding and applying oral directions

Does the child have difficulty remembering oral information?

ORAL LANGUAGE EXPRESSION

Does the child speak in incomplete or grammatically incorrect sentences?

Not due to dialect variations or English Language acquisition?

Does the child relate stories or events in an illogical, poorly organized manner?

Does the child have difficulty expressing him/her?

Yes

No

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Teacher Input Form

Student _____ Date: _____

Teacher _____ Grade/Subject _____

Present Levels of Performance

	Excellent	Adequate	Needs Assistance Prompts/More Time	Needs Improvement
Attendance				
Is on time				
Work completion				
Ability to work independently				
Ability to follow written instructions				
Ability to follow verbal instructions				
Organization				
Homework				
Note-taking				

Small Groups: ☐ Works cooperatively ☐ takes leadership role ☐ Needs improvement

Large Groups: ☐ Works independently ☐ Participates in activities ☐ Needs improvement

Areas of academic strength _____

Areas of need _____

Current grade: A B C D F

Behavior

Positive behaviors and social interactions _____

Unacceptable behaviors _____

Does behavior impede learning? _____

Comments _____

Response to Intervention (RTI)

Please describe the research-based interventions that have been provided to address the students' areas of concern.

Please attach data tracking of the student's response to the interventions provided (e.g.; weekly testing, words read per minute, etc.).



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Dear Parent/Guardian,

In order to complete a thorough evaluation, current status of hearing and vision needs to be established.

If you have written verification of updated hearing and vision screenings for your child within the last 12 months, please send those to: Lee Hoffman, Screening & Assessment Center, Special Education Department, 3045 Santiago Street, San Francisco, CA 94116

If you do not have an updated hearing and vision screening within the last 12 months, please ask for the **Nurse of the Day at (415) 242-2615** to schedule a hearing and vision screening at the School Health Center at **1515 Quintara St.** at your earliest convenience.

Thank you,

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