

SONOMA COUNTY SELPA

**FAX** \_\_\_\_\_

Private School Referral for Assessment  
By District of Residence

Student Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Grade \_\_\_\_\_

Private School \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

Today's Date \_\_\_\_\_

Date Referral Received \_\_\_\_\_

Reason(s) for Referral \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To: \_\_\_\_\_

District Where Private School is Located

From: \_\_\_\_\_

District of Residence

The above student is attending a private school located within your district boundaries and has been referred for an assessment to determine eligibility for special education and related services.

Per IDEA 2004, the responsibility for child find and assessments rests with your district. However, as a result of a SELPA agreement, we will begin the process for determining the need for an assessment and conduct the assessment, if necessary, on your behalf. If necessary, we will schedule an IEP meeting, to which you will be invited, to determine eligibility for special education and related services.