

SONOMA COUNTY SELPA

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

Private School Referral for Assessment  
by District Where Private School is Located

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

Birthdate \_\_\_\_\_

Grade \_\_\_\_\_

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

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

Address \_\_\_\_\_

\_\_\_\_\_

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

District of Residence

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

District Where Private School is Located

The above student is attending a private school located within our 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 our district. However, as a result of a SELPA agreement, you will begin the process for determining the need for an assessment and conduct the assessment, if necessary, on our behalf. If necessary, you will schedule an IEP meeting, to which we will be invited, to determine eligibility for special education and related services.