



CONNECTICUT STATE DEPARTMENT OF EDUCATION

**CT-SEDS
IEP Preview Series
March 28, 2022**

Session recorded



CONNECTICUT STATE DEPARTMENT OF EDUCATION

SESSION 4: Special Education Referral and Eligibility Determination

Welcome and Introductions

**Bryan Klimkiewicz, Special Education
Division Director**

**[New IEP/CT-SEDS](#) (posted
sessions)**

**Natalie Jones, Education Consultant
Bureau of Special Education**



Learning Targets

- Understand the new Special Education Referral and Initial Eligibility Determination Process
- Preview of how CT-SEDS supports the creation of the Referral document and Eligibility Process
- Answer your questions



Ask Questions

Throughout the presentation
add questions to the Q&A
Panel



WHY

- 1. To support and assist educators in the transition from their current IEP system/process.**
- 2. To support and assist educators for the Go-Live launch of CT-SEDS on July 1, 2022.**
- 3. To provide an opportunity for you to share your questions related to Prior Written Notice.**



Current Referral Document Page 1



School Signature of School Administrator Date Received

[DISTRICT NAME] PUBLIC SCHOOLS REFERRAL TO DETERMINE ELIGIBILITY FOR SPECIAL EDUCATION AND RELATED SERVICES

Student: _____ DOB: _____ Age: _____ Grade: _____
Parent/Guardian: _____ Primary Lang: English Other: _____
Address: _____ Referred by: _____
_____ Referral Date: _____
Telephone: _____ Relationship to Child: _____

I. AREA(S) OF CONCERN:

Check major area(s) of concern, and briefly describe the child's behavior, or performance in each area checked. If you have identified more than one area of concern, circle the area you consider to be the highest priority.

- Academic Social/Emotional Gross/Fine Motor Activities of Daily Living
 Health Related Behavior Communication Other: (specify) _____

A. Describe Specific Concerns:

B. Describe Alternative Strategies Attempted and Outcome: (Use additional pages if necessary.)

Current Referral Document Page 2

Student: _____ DOB: _____

2. Special Services History:

Are you aware of any special services provided for this child now or in the past? Yes No

If Yes, describe the type, location, and provider of the service.

3. Other Relevant Information:

4. Parent Notification:

Has the parent/guardian been notified about your concerns regarding this student? Yes No

If Yes, method of notification: _____

Date(s) parent/guardian was notified: _____

Signed: _____ Date: _____
(Signature of individual completing this form)

***Please note:** The special education referral date immediately affords the student and parent(s) all special education procedural safeguards. This referral also "starts the clock" with respect to the timelines specified in RCSA 10-76d-13(a)(1) and (2) which provide that "(1) The individualized education program shall be implemented within forty-five days of referral or notice, exclusive of the time required to obtain parental consent. (2) In the case of a child whose individualized education program calls for out-of-district or private placement, the individualized education program shall be implemented within sixty days of referral or notice, exclusive of the time required to obtain parental consent." If a parent communicates in writing directly with a staff member that they wish to refer their child for an evaluation to determine her/his eligibility for special education services, the date the staff member receives this written communication constitutes the date of referral. If a parent communicates verbally with a staff member that they wish to refer their child for an evaluation to determine her/his eligibility for special education services, the staff member should provide the parent with a copy of this referral form and, when necessary, assist the parent in completing this form. It should be understood that, in all instances, this is a referral for an evaluation to determine eligibility for special education services. Actual eligibility for special education services is determined by the PPT only after an evaluation has been completed.



Changes

- No additional requirements in the new document
- Different Format
- Parent Notification is no longer on the document. It is addressed in the system



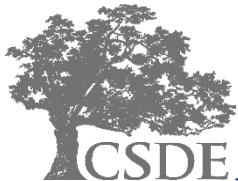
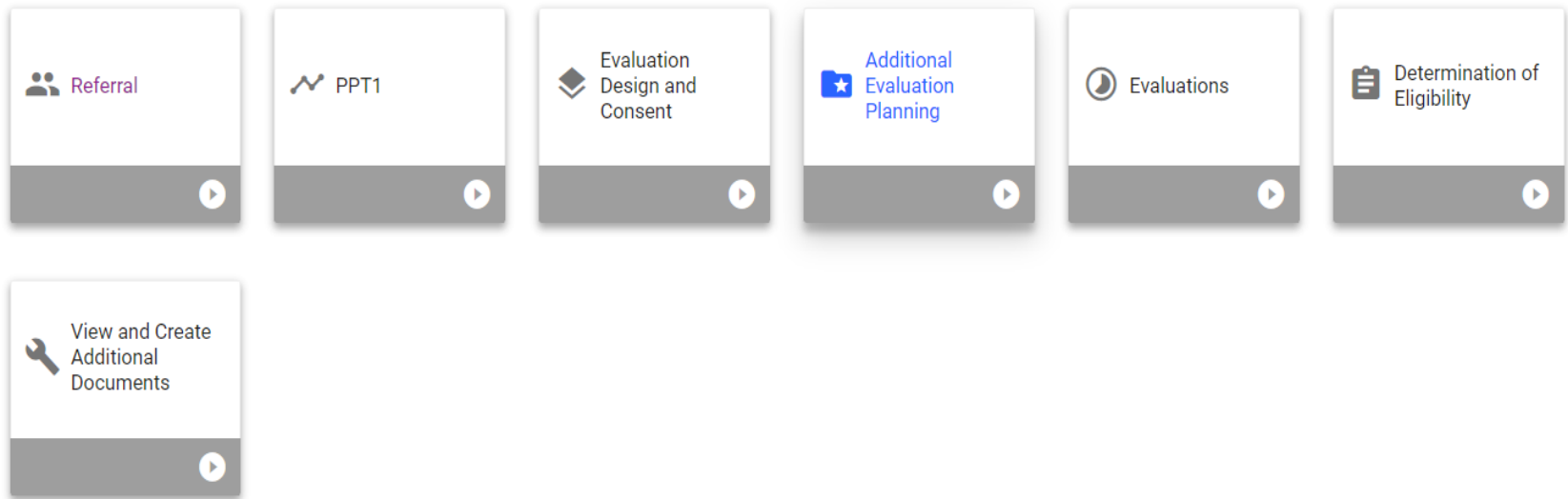
CT-SEDS INTERFACE: Referral and Evaluations

Referral and Evaluations

Select action

- Referral and Initial Evaluations Targeted Assessments (Non-Three-Year Reevaluation) Three-Year Reevaluation

i This process is used to complete a referral and initial evaluation for the student. This process should also be used if changes to the initial evaluations are needed or additional assessments will be added for the initial eligibility determination.



CT-SEDS INTERFACE: Referral

Referral



This page is used to create the Referral to Determine Eligibility for Special Education and Related Services document.


Demographic and Parent



Student Name	DOB	Age	Grade	District ID	SASID
Muriel Lane	09/30/2011	10	5	502	2169071045
Gender	Primary Language	School			
M	English	Burr Elementary School (510211)			
Is the student an English Learner (EL)?					
<input type="radio"/> Yes <input checked="" type="radio"/> No					
Parent/Guardian(s)					
Dad Lane					
Parent/Guardian(s)					
Mom Lane					
Case Manager					
CM Three					

SAVE

CT-SEDS INTERFACE: Referral

▼ Referral to Determine Eligibility

 The fields on this panel will be used to populate the Referral to Determine Eligibility for Special Education and Related Services document. When all the fields have been completed, click the button at the bottom of the panel to create the Referral document.

Referral Date (Date received by district)  
mm/dd/yyyy
(Required)

Referred By: 
(Required)

 Make sure to complete the Notice of Parent Referral document available at the bottom of the page.

Area(s) of Concern

Primary Area of Concern 
(Required)

Additional Area of Concern 

Describe Specific Concerns

Describe 

(Required)

Describe Alternative Strategies Attempted and Outcome 

Describe 

(Required)

CT-SEDS INTERFACE: Referral

▼ Special Services History ⓘ

Are you aware of any special services provided for this child now or in the past?

Yes

No

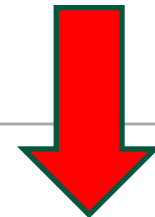
If Yes, describe the type, location, provider of the service and approximate date(s) of services provided

Describe

(Required)

Other Relevant Information

Describe



CREATE REFERRAL DOCUMENT

SAVE

OSEP District 3
Referral to Determine Eligibility for Special Education and Related Services

DRAFT

School: Burr Elementary School

Student Name: Madeline Ballard

Date Received (District Use ONLY)

SASID: 1011818668

Date of Birth: 09/30/2015

Parent/Guardian Name: Ballard Mom

Language: English

Mailing Address: 148 State St 10th floor

Boston, MA, 02109

Primary Phone: 345

Secondary Phone: 123

Email Address: BallardMom@test

Parent/Guardian Name: Mom Ballard

Language:

Mailing Address:

Primary Phone:

Secondary Phone:

Email Address:

Parent/Guardian Name: Dad Ballard

Language:

Mailing Address:

Primary Phone:

Secondary Phone:

Email Address:

REFERRAL DETAILS

Referred By:

1. AREAS OF CONCERN

The following major area(s) of concern have been identified for the student.
Academic (primary), Behavior

A. Specific Concerns

B. Alternative Strategies Attempted and Outcome

2. SPECIAL SERVICES HISTORY

Are you aware of any special services provided for this child now or in the past?

New Referral
Document
Page 1



DRAFT

3. OTHER RELEVANT INFORMATION

***Please note:** The special education referral date immediately affords the student and parent(s) all special education procedural safeguards. This referral also "starts the clock" with respect to the timelines specified in RCSA 10-76d-13(a)(1) and (2) which provide that "(1) The individualized education program shall be implemented within forty-five days of referral or notice, exclusive of the time required to obtain parental consent. (2) In the case of a child whose individualized education program calls for out-of-district or private placement, the individualized education program shall be implemented within sixty days of referral or notice, exclusive of the time required to obtain parental consent." If a parent communicates in writing directly with a staff member that they wish to refer their child for an evaluation to determine the child's eligibility for special education services, the date the staff member receives this written communication constitutes the date of referral. If a parent communicates verbally with a staff member that they wish to refer their child for an evaluation to determine the child's eligibility for special education services, the staff member should provide the parent with a copy of this referral form and, when necessary, assist the parent in completing this form. It should be understood that, in all instances, this is a referral for an evaluation to determine eligibility for special education services. Actual eligibility for special education services is determined by the PPT only after an evaluation has been completed.

New Referral Document Page 2



CT-SEDS INTERFACE

Documents

[ATTACH DOCUMENTATION](#)



View documents that have been created for the student from this page, and create or attach additional relevant documents.

Create Additional Documents

[CREATE DOCUMENT](#)

- Parent Notice of Referral to Determine Eligibility for Special Education and Related Services

Doc ID	Date Generated	Generated By	Document	Status	Include in Batch
1930	03/25/2022	CM Three	Referral to Determine Eligibility for Special Education and Related Services	Draft	<input type="checkbox"/>

Showing 1 to 1 of 1 entries

(1 Documents)

[CREATE DOCUMENT BATCH](#)

Parent Notice of Referral to Determine Eligibility for Special Education and Related Services

Date: 03/26/2022

Parent/Guardian: Dad Carter, Mom Carter

SASID: 5302256414

Mailing Address:

DRAFT

Dear Dad Carter, Mom Carter

The purpose of this letter is to advise you that your child, Penny Carter 09/30/2015
(Student's name) (DOB)

has been referred for consideration of eligibility for special education services. The referral was made by:

Teacher _____ (Date) _____
(Person or team making referral)

The next step in the referral process is to schedule a Planning and Placement Team meeting (PPT). At this meeting the available information regarding your child's current school performance will be reviewed and evaluation procedures for determining eligibility for special education services will be considered. Parent participation in this process is very important. We ask that you make every effort to attend this meeting.

Included with this letter are the following materials

Please be advised that you have the right to review and obtain copies of all records used as a basis for this referral.

If you have any questions, please contact:

CM Three _____ (Title) _____
(Name)

Sincerely,

CM Three _____
(Name and Title)

Notice of Referral





CT-SEDS INTERFACE


Referral and Evaluations


Select action


- Referral and Initial Evaluations
- Targeted Assessments (Non-Three-Year Reevaluation)
- Three-Year Reevaluation

 This process is used to complete a referral and initial evaluation for the student. This process should also be used if changes to the initial evaluations are needed or additional assessments will be added for the initial eligibility determination.

 Referral


Complete 


 PPT1





 Evaluation Design and Consent





 Additional Evaluation Planning





 Evaluations



 Determination of Eligibility



 View and Create Additional Documents



PPT 1 Referral PPT Meeting

- Create a Notice of PPT
- Create Record of PPT Meeting
- Document PPT member attendance/excusal
- Enter PPT Decision



Evaluation Decision

Enter PPT Decision



i Select the decision made by the team based on a review of the referral.

Is evaluation warranted at this time, based on the evidence reviewed?

Yes (PPT will complete Prior Written Notice and Consent for Evaluation)

No (PPT will complete Prior Written Notice)

Date of decision (PPT 1 Meeting Date)
01/10/2022

SAVE

















Referral and Eligibility Determination

Referral and Evaluations

Select action

- Referral and Initial Evaluations
- Targeted Assessments (Non-Three-Year Reevaluation)
- Three-Year Reevaluation

i This process is used to complete a referral and initial evaluation for the student. This process should also be used if changes to the initial evaluations are needed or additional assessments will be added for the initial eligibility determination.

 Referral Complete 	 PPT1 Complete 	 Evaluation Design and Consent 	 Additional Evaluation Planning 	 Evaluations 	 Determination of Eligibility 
 View and Create Additional Documents 					



Current Consent Form ED625



[DISTRICT NAME] PUBLIC SCHOOLS NOTICE AND CONSENT TO CONDUCT AN INITIAL EVALUATION

Date: _____

Dear _____

Your child, _____, _____ has been referred for an evaluation to determine
(Student's Name) (DOB)

eligibility for special education services. Federal and State regulations require that the school district obtain the written consent of parents before conducting such an evaluation.

- A copy of the Procedural Safeguards in Special Education is enclosed.
- A copy of the Procedural Safeguards in Special Education was provided to you previously this school year. If you would like another copy of the Procedural Safeguards, an explanation of these procedures, or if you have any questions, please contact:

_____ at _____
(Name) (Title) (Telephone Number)

This document includes the following rights:

- A. Parents have the right to refuse consent and, if given, it may be revoked at any time.
- B. If contested, your child's current educational placement will not change until due process proceedings have been completed.
- C. Parents have the right to review and obtain copies of all records used as a basis for a referral.
- D. Parents have the right to be fully informed of all evaluation results and to receive a copy of the evaluation report(s).
- E. Parents have the right to obtain an independent evaluation as part of the evaluation process.
- F. Parents have the right to utilize due process procedures.

The tests/evaluation procedures listed below were recommended

The PPT has decided that the available evaluation information listed below is sufficient to determine eligibility:

Reason: (specify) _____

<u>TEST/EVALUATION PROCEDURE</u>	<u>AREA OF ASSESSMENT</u>	<u>EVALUATOR</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special adaptations or accommodations are to be considered when indicated by the student's language, cultural background or physical status. Adaptations/accommodations required for this evaluation are:

No adaptations/accommodations required

Adaptations/accommodations required: (specify) _____

PARENTAL CONSENT*

I give my consent for the [DISTRICT NAME] Public Schools to utilize the evaluations described above. I understand that this consent may be revoked at any time.

Parent/Guardian Signature Date

I do not give my consent for the [DISTRICT NAME] Public Schools to conduct the evaluations described above. I understand that the school district must take steps as are necessary, which may include due process proceedings, to ensure that my child continues to receive a free appropriate public education.

Parent/Guardian Signature Date

*Failure of the parent to respond to a request from the Board for consent to conduct an initial evaluation within 10 school days from the date of the notice to the parent shall be construed as parental refusal of consent. (RCSA Section 10-76d-8(b))

CT-SEDS User Interface: Designing an Evaluation

▼ About this Evaluation

▼ Initial Evaluation

Evaluation Procedures

- The tests/evaluation procedures listed below were recommended
- The PPT has decided that the available evaluation information listed below is sufficient to determine the child's eligibility and needs

Specify

SAVE



CT-SEDS User Interface: Designing an Evaluation

▼ Assessment Plan



Choose the areas of assessment and test/evaluation procedures that will be part of the student's evaluation, and indicate who the evaluator will be.

▼ Tests/Evaluation Procedures

	Area of Assessment	Test/Evaluation Procedure(s)	Evaluator
<input type="checkbox"/>	Developmental History	<input type="text" value=""/> +	<input type="text" value=""/>
<input type="checkbox"/>	Observation	<input type="text" value=""/> +	<input type="text" value=""/>
<input type="checkbox"/>	Intellectual/Cognitive Functioning	<input type="text" value=""/> +	<input type="text" value=""/>
<input type="checkbox"/>	Academic Performance	<input type="text" value=""/> +	<input type="text" value=""/>
<input type="checkbox"/>	Behavioral/Social/Emotional	<input type="text" value=""/> +	<input type="text" value=""/>
<input type="checkbox"/>	Adaptive Behavior	<input type="text" value=""/> +	<input type="text" value=""/>



CT-SEDS User Interface: Designing an Evaluation

ADD MORE

Special adaptations or accommodations are to be considered when indicated by the student's language, cultural background or physical status. Adaptations/accommodations required for this evaluation are:

- No adaptations/accommodations required
- Adaptations/accommodations required

Specify

SAVE



CT-SEDS User Interface: Designing an Evaluation

▼ Create Consent to Conduct Evaluation Document



Select the type of consent requested and how the parent will sign the consent form, and then create the document from this panel.

- If the parent chooses to sign digitally during the meeting: the system will capture whether Consent was received or if the request for Consent was Denied when the document is finalized.
- If the parent chooses to sign in the parent portal: the system will capture if Consent was received or if the request for Consent was Denied when the parent enters the response in the portal.
- If the parent chooses to sign a hard copy of the Consent for Evaluation Form: once you have received the signed form back, return to this page to enter the Date the District received the signed form.

The District is Asking for your Consent to Conduct:

- An initial evaluation of the student.

The district will not proceed with an initial evaluation without your written consent.

- Additional assessments for initial eligibility determination

Select this option if consent for initial evaluation has already been granted, but additional assessments have been deemed necessary.

- A three-year reevaluation of the student

- Targeted assessments (non-three-year reevaluation)

Procedural Safeguards

- A copy of the Procedural Safeguards in Special Education is enclosed.

- A copy of the Procedural Safeguards in Special Education was provided to you previously this school year. If you would like another copy of the Procedural Safeguards please contact

Name
CDSE Team

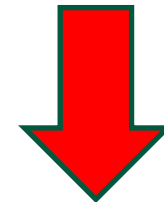
Title
District Safeguards Contact

at

Phone
777-888-9999

Select relevant option for parent signature

- The parent is in the meeting and will sign the document digitally.
- The document will be sent electronically to the parent portal for signature.
- The parent will sign a hard copy of the document.



CREATE CONSENT DOCUMENT

SAVE

New Consent Document Page 1



Consent to Conduct an Initial Evaluation/ Reevaluation

Date Sent: 03/26/2022

Dear Ballard Mom, Dad Ballard, Mom Ballard

Your child, Madeline Ballard (SASID: 1011818668) 09/30/2015 has been referred for an evaluation to determine
(Student's Name) (DOB)

eligibility for special education and related services. Federal and State regulations require that the school district obtain the written consent of parents before conducting such an evaluation.

Procedural Safeguards

- A copy of the Procedural Safeguards in Special Education is enclosed

CDSE Team 777-888-9999

Please Note:

- A. Parents have the right to refuse consent and, if given, it may be revoked at any time.
B. Parents have the right to review and obtain copies of all records used as a basis for a referral.
C. Parents have the right to be fully informed of all evaluation results and to receive a copy of the evaluation report(s).

Evaluation Procedures

- The tests/evaluation procedures listed below were recommended
 The PPT has decided that the available evaluation information listed below is sufficient to determine the child's eligibility and needs

Assessment Plan

Assessment Area	Test/Evaluation Procedure	Evaluator
Developmental History	Developmental Assessment of Young Children (DAYC)	School Psychologist
Observation	In-Classroom Observation	Special Education Teacher

Special Accommodations

Special adaptations or accommodations are to be considered when indicated by the student's language, cultural background or physical status. Adaptations/accommodations required for this evaluation are:

- No adaptations/accommodations required

The District is Asking for your Consent to Conduct:

- An initial evaluation of the student.
The district will not proceed with an initial evaluation without your written consent.

New Consent Document Page 2



Consent to Conduct an Initial Evaluation/ Reevaluation

Student Name: Madeline Ballard
SASID: 1011818668
DOB: 09/30/2015

Parent or Adult Student Approval

- I give my consent for the CT Training District Public Schools to conduct the evaluations described above. I understand that this consent may be revoked at any time.
- I do not give my consent for the CT Training District Public Schools to conduct the evaluations described above.

Parent/Guardian or Adult Student Signature

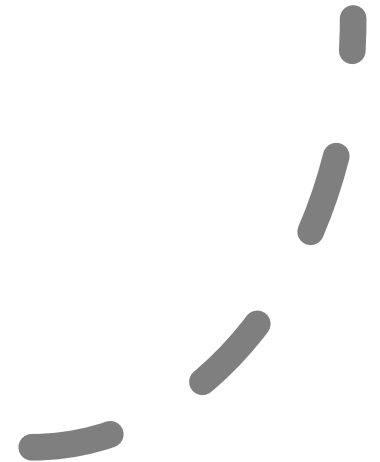
Date

Date received by school district:

*Failure of the parent to respond to a request from the Board for consent to conduct an initial evaluation within 10 school days from the date of the notice to the parent shall be construed as parental refusal of consent. (RCSA Section 10-76d-8(b))

Changes

- No additional requirements in the new initial evaluation consent document
- Different Format
- Revised (Notes)



**PPT 2 Review
Evaluation
Eligibility
Determination**

- Create a Notice of PPT
- Create Record of PPT Meeting Or IEP
- Document PPT member attendance/excusal
- Enter PPT Eligibility Determination



PPT 2 (Review Evaluation/Determine Eligibility)

▼ Primary Disability



Select the primary Disability for the student, if applicable.

Does the child have a disability?

Yes

No

Primary Disability




SAVE



PPT 2 (Review Evaluation/Determine Eligibility)

▼ Determinant Factors

 This page is used to enter data relevant for determining the student's eligibility/continued eligibility.

Is there an adverse effect on the child's educational performance?

Yes No

Describe

Is the child's lack of progress a result of lack of appropriate instruction in reading or math?

A child cannot be determined eligible for special education if the determinant factor is a lack of instruction in math or reading (including phonemic awareness, phonics, vocabulary development, comprehension and fluency).

Yes No

Is the student's lack of progress a result of Limited English Proficiency?

A child cannot be determined eligible for special education if the determinant factor is Limited English Proficiency.

Yes No

As a result of the disability, does the child require specially designed instruction?

Specially designed instruction (SDI) means adapting, as appropriate to the needs of an eligible child, the content, methodology, or delivery of instruction to address the unique needs of the child that results from the child's disability and to ensure access of the child to the general education curriculum.

Yes No

SAVE

PPT 2 (Review Evaluation/Determine Eligibility)

Eligibility Determination

[ENTER ELIGIBILITY DETERMINATION](#) [CREATE PRIOR WRITTEN NOTICE](#)

i Click "Enter Eligibility Determination" to indicate whether the student meets or does not meet the eligibility criteria requirements.

In consideration of the reported information, the evaluation team finds

[SAVE](#)



Enter Eligibility Determination

i If the student was found not eligible for special education and related services, the Date Determined Not Eligible will conclude this evaluation process.

The student meets the eligibility criteria requirements for special education and related services.

The student does not meet the eligibility criteria requirements for special education and related services.

Primary Disability
.....

Eligibility Determination Date
mm/dd/yyyy
(Required)

[CLOSE](#) [FINALIZE DETERMINATION](#)

PPT 2 (Consent for Initial Provision)

▼ Create Consent for Initial Provision of Special Education



Indicate the procedural safeguards information if applicable, and select how the parent will sign the consent form, then create the Consent for Initial Provision of Special Education document from this panel.

Consider creating the following additional documents at the bottom of the page to share with parents at this point: Restraint and Seclusion Law, Parent Guide to special Education, and Transition Bill of Rights.



- Procedural Safeguards - upon referral or parent request for evaluation and annually thereafter
- A Parent's Guide to Special Education in Connecticut - when student is found eligible and at each PPT meeting thereafter
 - IEP Manual - when student is found eligible and at each PPT meeting thereafter
 - Building a Bridge - when student is found eligible and at each PPT meeting once student becomes "transition age"
 - Transition Bill of Rights - annually to parents of students in grades 6 – 12.
 - Restraint/Seclusion - required at the first PPT for the student.

Procedural Safeguards

- A copy of Procedural Safeguards in Special Education was provided to you previously this school year. If you would like another copy of the Procedural Safeguards please contact

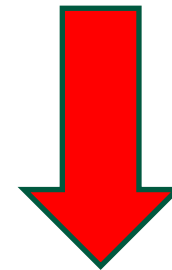
Procedural Safeguard Contact
CDSE Team

Procedural Safeguard Title
District Safeguards Contact

Procedural Safeguard Phone
777-888-9999

Select relevant option for parent signature

- The parent is in the meeting and will sign the document digitally.
- The document will be sent electronically to the parent portal for signature.
- The parent will sign a hard copy of the document.



CREATE CONSENT DOCUMENT

SAVE

PPT 2 (Consent for Initial Provision)

Create Consent for Initial Provision of Special Education



Note: This option should only be selected when you are sending home the Consent for Initial Provision of Services From to the parent/guardian for signature. Once you have received the signed form back, return to this page to enter the Date the District received the Consent for Evaluation Form.

Date Sent

03/10/2022



Reasons for Delay



The compliance timeline was not met for this student. Please enter a reason for the delay.

Reason for Delay

- Documented request by parent to reschedule or delay the PPT meeting after agreeing to attend at a particular time and date
- Parent repeatedly failed or refused to produce the child for evaluation
- Student hospitalized/extended absence with medical documentation that the student was not available for evaluation
- OTHER: By selecting this option, the district is acknowledging noncompliance with the State's 45-school day initial evaluation timeline. Explain below.

Include Translated Document

CANCEL

CREATE DRAFT

CREATE FINAL

PPT 2 (Consent for Initial Provision)

▼ Consent Dates

[ENTER CONSENT DATE](#)



This section reflects the student's Consent for Initial Provision of Special Education Dates. This is where the Consent Date can be entered outside of form creation.

Initial Consent for Provision of Services Date

.....

SAVE

New Consent for Initial Provision of Special Education



OSEP District 3 Consent for the Initial Provision of Special Education

Date Sent: 03/10/2022

I. Identification Information

Student Name: Madeline Ballard

SASID: 1011818668

School: Burr Elementary School

Grade: KF

Date of Birth: 09/30/2015

Parent/Guardian: Ballard Mom, Dad Ballard, Mom Ballard

II. Consent Requirements:

Federal regulations mandate that parents (guardians) give written consent for the Initial provision of special education services. The consent must be in writing and given prior to the provision of special education services.

- A copy of the Procedural Safeguards in Special Education was provided to you previously this school year, if you would like another copy of the Procedural Safeguards please contact:

CDSE Team District Safeguards
Contact _____

777-888-9999 _____

This document includes the following rights:

- A. Parents have the right to refuse consent and, if given, it may be revoked at any time.
- B. Parental failure to respond within 10 school days from the date of this notice shall be constructed as refusal of consent.
- C. Parents have the right to utilize due process proceedings if they disagree with the identification, evaluation or educational placement of or the provision of a free appropriate public education (FAPE) to their child.

III. Written Consent:

I consent to the initial provision of special education services.

I do not consent to the initial provision of the special education services. I understand that by refusing consent for the initial provision of special education services. I waive all rights to special education services and protections at the time consent is refused.

Parent/Guardian or Adult Student Signature

Date

Date received by school district:

Summary

- Beginning July 1, 2022 CT-SEDS will generate required documents for Referral and Eligibility Determination. ED621, ED622, ED625 and ED626 may not be used from that date on.
- New documents contain required information.
- Primary Disability Eligibility worksheets are not embedded in the system but can be completed and uploaded in the system.
- Evaluation reports, when complete can be uploaded in the system.
- There are three ways to obtain parent consent in the system.



Questions



Thank You!



CONNECTICUT STATE DEPARTMENT OF EDUCATION

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