



Special Education Addendum

Date: _____ ID #: _____

Message to Parents /Guardians

The information you provide below will assist us in designing an appropriate program for your child. Thank you for taking the time to provide us with current information about your child's educational needs.

Student's Legal Name:

Last First Middle

Name of Person Completing Form: _____

Relationship to Student: _____ Phone _____

Check all areas in which your child has received special education services:

☐ reading ☐ writing ☐ math
☐ behavior ☐ social skills ☐ study skills
☐ speech/language therapy ☐ occupational/physical therapy

Estimate the amount of time your child receives special education services in the areas checked above:

☐ ½ day or less (0-4 hours)
☐ more than ½ day (more than 4 hours)
☐ special help for speech/language and/or occupational/physical therapy only
☐ don't know

Describe your child's special education program (for example, how many teachers and/or assistants in the classroom, number of students in the classroom, types of things your child is learning):

Does your child have any physical, emotional, or medical problems? ☐ Yes ☐ No
If yes, please describe:

Is your child currently taking any medication? ☐ Yes ☐ No
If yes, please describe:

Does your child have an IEP (Individualized Education Program) now? ☐ Yes ☐ No

Please list any other concerns you have about your child (such as behavioral needs, health needs, instructional needs).



Special Education Transfer Packet Consent and Authorization for Mutual Exchange of Information

Date_____

Birth date____/____/____

Student's Legal Name

Last

First

Middle

I hereby authorize the mutual exchange of information regarding the student named above, for the purpose of establishing special eligibility and placement, between Ashe' Preparatory Academy' Special Education Transfer Office and those schools your child has previously attended listed below:

School Name	City and State	Grade(s)	Date Withdrew
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that I may revoke this consent and authorization at any time unless action has already been taken based on this authorization. I also understand that I may inspect or copy information to be disclosed.

Parent/Guardian Name (please print)

Parent/Guardian Signature_____Date_____

Please send records, including (a) academic and special education records, including IEPs; (b) educational/psychological evaluations; (c) vision/hearing and social/emotional evaluations; (d) medical history/present health status information; and (e) any other appropriate records AS SOON AS POSSIBLE to:

Ashé Preparatory Academy
Special Education Referral and Intake
11625 Rainier Ave. S. Ste. #301
Seattle, Washington 98178

THANK YOU

Please direct questions to 206-858-6432 or e-mail mharrison@asheprep.org