

800 East Crawford Street
Phone: 608-326-3700
Prairie du Chien WI 53821
Fax: 608-326-0000



Prairie du Chien Area School District

www.pdc.k12.wi.us

Who is a child with a disability?

A child with a disability is a child who needs special education and related services. The child must be at least 3 years old, but not yet 21, and not yet graduated from high school. The term includes a person who becomes 21 during the school term for the remainder of the school term (the last day pupils attend in a school year, other than summer classes). The law has criteria for each category below to help IEP teams decide if a child has a disability.

- Intellectual disabilities (ID)
- Hearing impairments (HI)
- Speech or language impairments (SL)
- Visual impairments (VI)
- Emotional behavioral disability (EBD)
- Orthopedic impairments (OI)
- Autism
- Traumatic brain injury (TBI)
- Other health impairments (OHI)
- Specific learning disabilities (SLD)
- Significant developmental delay (SDD)

Special Education Process

Outline of how a child gets into a special education program. State law has a timeline for the process. A district must ask a parent for consent for evaluation or send a notice that no tests are needed within 15 business days of receiving a written referral. The evaluation must be done within 60 calendar days of when the school gets parent consent to evaluate or the date the parent was notified that testing is not needed. An IEP and placement must be developed within 30 days of deciding a child is eligible for special education. The evaluation can take more than 60 days, if the parent does not make the child available for testing, or if the child moves to another school district before the evaluation is done. In some cases, and only if parents agree, the evaluation of children being evaluated for specific learning disabilities may be extended.

Can a parent make a referral and how?

Yes, parents can make a referral if they think their child might have a disability. A referral must be in writing. Referrals have to say why the parent making the referral thinks the child has a disability. Complete the form below and return it to Laura Stuckey, Director of Pupil Services and Special Education, or you can email the form to stuckeyla@pdc.k12.wi.us.

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PARENT SPECIAL EDUCATION REFERRAL FORM

Student Name _____ Grade _____ DOB _____

Parent Name _____ Teacher _____

1. Describe why you believe your child has a disability:

2. Has your child ever had an IEP or IFSP? Y N If Yes, Explain:

3. Has your child ever been evaluated outside of school? Y N If Yes, Explain:

4. Has the student had any behavior problems at home or at school? Y N
Explain: _____
5. Has this student ever repeated a grade? Y N
If so, when and where? _____
6. How does this child's learning compare to the other children in the family? (Faster?
Slower?) _____
7. Does your child have problems pronouncing any sounds? Which ones?

8. Can your child follow 2 and 3 step directions in their home language? (Ex: Get the
milk out of the refrigerator and put it on the table.) Y N
9. Can most adults understand what your child is saying to them? Y N
10. Did your child have experience with books, letters, counting or sorting games
before starting school? Y N
Explain _____
11. Who does the student live with? _____

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12. Has your child had any illnesses involving high fevers? Y N
If yes, when? _____ What was the temperature? _____
13. Has your child had any head injuries? Y N If Yes, Explain:

14. Were there any problems with the pregnancy, delivery, or during the first few weeks of the child's life? Y N
Explain: _____
15. Did your child have ear infections? Y N
Over what time period? _____
16. Has your child experienced any emotional trauma (family death, abuse, car accident etc.) Y N If Yes, Explain:

17. Do you have any concerns about your child's mental health? Y N
18. Other Concerns:
- | | | |
|---|---|--|
| <input type="checkbox"/> Vision | <input type="checkbox"/> Allergies/asthma | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Memory | <input type="checkbox"/> Running, strength, coordination |
| <input type="checkbox"/> Shyness | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Doesn't like change |
| <input type="checkbox"/> Drugs | <input type="checkbox"/> Depression | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sleep problems | <input type="checkbox"/> Behavior | _____ |
| <input type="checkbox"/> Eating problem | <input type="checkbox"/> Mood swings | |
| <input type="checkbox"/> Gangs | <input type="checkbox"/> Anger | |