

Private/Religious/Home School Consultation Form

Individual Student Needs Form 2018-2019

Complete ONLY for a student enrolled in a school that has certified it meets the federal and state definitions of a private, religious, or home school:

1. who has been evaluated by a public school (or has had a private evaluation accepted by the public school); and
2. who has had that disability as defined by the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004) established by a public-school Admission, Review and Dismissal Individualized Education Program (ARD/IEP) Committee; and
3. whose parents have declined a free and appropriate public education (FAPE) in the public school and have voluntarily enrolled their child in a private, religious, or home school within the jurisdiction of the Houston Independent School District.

This form must be fully completed for a child to be considered for services from the district. Incomplete forms will be returned. For assistance in completing the form, you may contact Suzanne Chamberlain, Program Specialist, Team Lead at 713-556-7063.

Private School Information

Private School Name: _____

Private School Address: _____

City, State, Zip: _____

Private School Administrator: _____

Private School Phone: _____

Private School Email: _____

Parent's Information

Parent's Name(s): _____

Parent's Email: _____

Student's Information

Student's Home School District: _____

Student's Home Campus: _____

Student's Name: _____

Student's Date of Birth: _____

Age on September 1, 2018: _____

Gender: _____

Grade Level 2018-2019: _____

Student's Address: _____

City, State, Zip: _____

Student's Phone Number: _____

Home Language: _____

Ethnicity:

☐ Hispanic/Latino

☐ Not Hispanic/Latino

Race: (choose one or more)

☐ American Indian or Alaskan Native

☐ Native Hawaiian or Pacific Islander

☐ Asian

☐ White

☐ Black or African American

HOUSTON INDEPENDENT SCHOOL DISTRICT

Last Public-School Evaluation Date*: _____ Last ARD/IEP Meeting*: _____
Last Public-School Evaluation District*: _____ Last ARD/IEP Meeting District*: _____
IDEA Identified Disability**: _____

*A student must have a current public-school evaluation (within three years) and an initial ARD/IEP committee meeting in order to establish eligibility for special education services.

**Disabilities covered by IDEA 2004 include autism, auditory impairment, deaf/blindness, emotional disturbance, learning disability, intellectual disability, multiple disabilities, orthopedic impairment, other health impairment, speech impairment, traumatic brain injury, visual impairment, and 3 - 5-year-old non-categorical early childhood disability.

Evaluations other than by a public school:

Type: _____ Date: _____
Results: _____
Type: _____ Date: _____
Results: _____

Services the student previously received to address the need posed by the disability:

Location: _____
Nature of Services: _____
Name of Certified Service Provider: _____

Present level of instruction:

Does the student participate in the grade-level curriculum provided to non-disabled students in the following areas of instruction?

☐ Reading ☐ Language Arts ☐ Math
☐ Written Language ☐ Science ☐ Social Studies

How does the identified disability affect the student's ability to be involved and progress in the general curriculum?

On what grade level does the student currently function in the following areas of instruction?

Reading: _____ Written Language: _____ Language Arts: _____
Math: _____ Science: _____ Social Studies: _____

Participation in District Services:

Do you recommend this student for participation in the District's special education services?

☐ Yes
☐ No

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Hattie Mae White Educational Support Center • 4400 West 18th Street • Houston, Texas 77092-8501
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If yes, please indicate recommended services: (Examples: Speech Therapy, Consultation, Staff Development)

Recommended Services:

If the service you have recommended is provided, is there any reason the student's behavior may interfere with the delivery service?

☐ Yes

☐ No

If yes, please explain:

Does this student have limited English proficiency?

☐ Yes

☐ No

If yes, please explain how this could interfere with the delivery of the service you have recommended:

Is this student blind or visually impaired?

☐ Yes

☐ No

If yes, please describe the student's instruction in and use of Braille:

Is this student deaf or hard of hearing?

☐ Yes

☐ No

If yes, please describe the language and communication needs of the student:

Has a public-school evaluation documented this student needs equipment or technology to benefit from the service you have recommended?

☐ Yes

☐ No

If yes, please explain why the equipment or technology is needed and what type of equipment or technology is needed:

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Parent Authorization:

If services are requested, please complete the following by initialing and signing in the designated area:

_____ I would like my child/ward to be considered to receive services from the Houston Independent School District's (HISD's) special education program for private school students with disabilities during the 2017 - 18 school year.

_____ I understand if my child/ward is designated to participate, a representative of my child's/ward's private school and I will be invited to attend a meeting to develop a Services Plan for my child/ward. I also understand if my child/ward was evaluated and identified as a child with a disability in a district other than HISD, I will provide copies of the latest FIE (full and individual evaluation) and the record of the latest ARD/IEP (Admission, Review and Dismissal/Individualized Education Program (ARD/IEP) committee meeting.

_____ I consent and authorize HISD, its administrators, teachers, and agents and my child's/ward's private school, its administrators, teachers, and agents to share and disclose student information and records in written and oral form related to my child/ward for purposes of consultation in determining whether my child/ward will be designated to participate in the district's special education services and in the provision of services.

_____ I understand if special education services are provided to my child/ward, information about my child/ward will be entered into the HISD Student Information System (SIS) and into the Texas Education Agency's (TEA's) Public Education Information Management System (PEIMS), as required by the TEA.

Print Parent Name: _____

Parent Signature: _____

Phone Number: _____

Date: _____

Address: _____

Print Private School Administrator's
Name: _____

Private School Administrator's Signature: _____

Date: _____

If services are NOT requested, please complete the following:

_____ I do not wish for my child/ward to be considered for participation in the special education program in HISD during the 2018-19 school year.

Print Parent Name: _____

Parent Signature: _____

Date: _____

Mail or Deliver Form To: 4400 West 18th Street Houston, Texas, 77092-8501

Attention: Houston Independent School District
Office of Special Education Services, Private School Services
Attention: Suzanne Chamberlain

Fax Form To: 713-556-7099

Scan Form To: schambe4@houstonisd.org

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