

Student ID: [REDACTED]  
WA SSID: [REDACTED]  
Date of Birth: [REDACTED]

DOC ID 095

**Snohomish School District**  
1601 Avenue D  
Snohomish, WA 98290-1799  
360-563-7308

### Notification of Guidance Team Referral

**PURPOSE:** This invitation requests your attendance at a meeting concerning the educational program/needs of your child. You have the opportunity to participate in any meeting regarding the identification, evaluation, educational placement, and the provision of a free appropriate public education for your child.

To: [REDACTED] Date Sent to Participants: 05/07/2019

This meeting has been scheduled for: Date 05/07/2019 Time 9:30 AM  
Location SNOHOMISH CENTER

If you have any questions or would like additional information or assistance to help you prepare for this Referral meeting, please contact Cheri Peach at 360-563-7321 e-mail [cheri.peach@sno.wednet.edu](mailto:cheri.peach@sno.wednet.edu).

This is to notify you that a/an Referral meeting has been scheduled for this student. Your participation and attendance at this meeting are very important. This Special Education Referral meeting must be scheduled at a mutually agreed upon time and place. The purpose of this meeting is to (check all that apply):

☒ Review Performance ☐ Review Goals  
☐ Review Attendance ☐ Other:

The following are invited to attend and participate in the Special Education Referral meeting:

Parent  
General Education Teacher  
Special Education Teacher  
Parent/Guardian  
Speech Language Pathologist

The parent/adult student or school may invite individuals who have knowledge or special expertise regarding the student, including related services personnel, to participate. The determination of the knowledge or special expertise shall be made by the person/party extending the invitation. You may also request, by contacting the individual named below, that a birth to three service coordinator be invited to participate in an initial IEP meeting if your child was previously served through an Individualized Family Service Plan (IFSP). If you, the parent or adult student, are bringing other individuals to the meeting, please let us know. This will ensure that the meeting space will accommodate all team members.

*Notice of Procedural Safeguards for Special Education Students and Their Families* has been provided to parents.

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**Contact Attempt Report**

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Notification Area: GT  
Meeting Date: 05/07/2019  
Time: 9:30 AM  
Location: SNOHOMISH CENTER

Method	Contact Date	Response Date	Response	Contact Name
Letter	05/07/2019	05/07/2019	Can Attend	[REDACTED]

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**Guidance Team Record - Special Education Referral**

Student's Name: [REDACTED] [REDACTED] [REDACTED] Student No: [REDACTED]  
*First Middle Last*

Date of Request: 05/07/2019 Primary Language: English Age: 2 Sex: M

Parent Notification: By Whom: Cheri Peach

Contact Name: [REDACTED] Work Phone: [REDACTED]

Contact Name: [REDACTED] Work Phone: [REDACTED]

Home Address: [REDACTED] Home Phone: [REDACTED]

Date of Birth: [REDACTED] School: SNOHOMISH CENTER Grade: P2

Teacher: [REDACTED] Classroom: [REDACTED]

Guidance Team Meeting Date: 05/07/2019

**I. Reason for request (attach copy of the interim reports and current report card)**

[REDACTED]

**II. Description of specific strategies and interventions used to date and the effectiveness of each on student's achievement and/or adjustment (include input from parents and those persons who have worked with the student)**

**III. Present instruction levels:**

Reading:

Math:

Written Language:

**Strengths:**

**Needs:**

**Other Considerations:**

----- **This portion completed by G.T.** -----

IV. G.T. Recommendation: Refer to Evaluation Group

V. Individual responsible for parent notification (if not present at meeting): Cheri Peach

VI. Individual designated to inform requesting source (if not present at meeting): Cheri Peach

VII. Projected date of review: 09/06/2019 Case Manager: [REDACTED]

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### Prior Written Notice

To: [REDACTED] Date: 05/07/2019  
Re: Student's Name: [REDACTED]

**PURPOSE:** As a parent/guardian of a special education child or child suspected of needing special education services, the school district is required to provide you with prior written notice whenever it proposes or refuses to initiate or change the identification, evaluation, educational placement, or provision of a free appropriate public education to your child. This notice should be given to you after a district makes a decision and before action is taken on the decision. The notice should be given to you in a reasonable amount of time before the district takes action.

The purpose of this prior written notice is to inform you that we are:

1. ☒ proposing ☐ refusing to 2. ☒ initiate ☐ change ☐ continue a/an  
(mark one of the above) (mark one of the above)

Mark all items below that apply:

3. ☐ Referral ☒ Evaluation ☐ Eligibility Category  
☐ Educational Placement ☐ IEP ☐ Reevaluation  
☐ Disciplinary action that is a change of placement ☐ Other:

Description of the proposed or refused action:

The reason we are proposing or refusing to take action is:

Description of any other options considered and rejected:

The reasons we rejected those options were:

A description of each procedure, test, record, or report we used or plan to use as the basis for taking this action is as follows:

Any other factors that are relevant to the action:

The action will be initiated on: 05/07/2019

Your child has procedural protections under IDEA. These protections are explained in the *Notice of Procedural Safeguards for Special Education Students and Their Families*. If this prior written notice is given to you (1) as part of your child's initial referral for evaluation, (2) as part of a request for reevaluation or (3) notice to you regarding disciplinary action that constitutes a change of placement the procedural safeguards accompanies this notice. If a copy of the *Notice of Procedural Safeguards for Special Education Students and Their Families* is not enclosed and you would like a copy or you would like help in understanding the content, please contact:

Cheri Peach at 360-563-7321

*Notice of Procedural Safeguards for Special Education Students and Their Families* has been provided to parents.

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**Consent for Initial Evaluation**

School: SNOHOMISH CENTER Grade: P2 Sex: M

**PURPOSE:** A school district must inform parents/guardians of all information relevant to the district making a decision regarding the initial evaluation, initial placement, or reevaluation of a student. This form asks for your consent to the action indicated. It would be helpful to school personnel if you would share your reason(s) for not giving your consent for the proposed action. If you have questions regarding this request, you may call the school district director of special education for an explanation as to why the request is being made.

Snohomish School District recommends an evaluation for your child to address the following areas:

Other:

I understand that I have the opportunity to participate in the consideration of the areas to be assessed. I would suggest the following areas of need be considered in assessing my child:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

TO PARENTS: In order to proceed with this referral and recommend the most appropriate educational program for your child, we will need your permission to conduct an individual evaluation. Given the selected assessment component areas above, a list of possible test instruments is attached.

It should also be understood that all information collected during this evaluation will be kept confidential and will be used only by authorized school personnel pursuant of the *Family Educational Rights and Privacy Act*.

This evaluation should be completed within 35 school days after the parent has given written consent for an evaluation.

I have also been provided the *Notice of Procedural Safeguards for Special Education Students and Their Families* that summarize protections for students who may require special education.

☐ I give consent for my child to be evaluated.

☐ I refuse consent for my child to be evaluated.

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian/Surrogate/Adult Student

\_\_\_\_\_  
Date

Please return this form to: Cheri Peach at Special Services.

**Consent Disclaimer**

By giving consent, you are acknowledging that (1) you have been fully informed of all information relevant to the activity for which consent is sought; (2) you understand that the granting of consent is voluntary on your part and may be revoked at any time; (3) if you revoke consent, the revocation is not retroactive; which means that it does not negate any activity that has already taken place; and (4) if you refuse to give consent, the district may request mediation or a due process hearing to override your failure to give consent for an initial evaluation.

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## Evaluation Instruments

<b>Academic Tests</b>		
Kaufman Tests of Educational Achievement-III (KTEA-3)	Wechsler Individual Achievement Test-Third Edition (WIAT-III)	* Kaufman Test of Educational Achievement, Third Edition (KTEA-3) CORE BATTERY - WRITING
Young Children's Achievement Test (YCAT)	* Key Math 3	Woodcock Johnson Revised-Test of Academic Achievement
Woodcock Johnson-3rd Edition Test of Academic Achievement	* Kaufman Tests of Educational Achievement, (KTEA-II) 2nd edition MATH	* Kaufman Tests of Educational Achievement, (KTEA-II) 2nd edition READING
* Kaufman Tests of Educational Achievement, (KTEA-II) 2nd edition WRITING	Wechsler Individual Achievement Test - II (WIAT-II) READING	Wechsler Individual Achievement Test - II (WIAT-II) MATH
Wechsler Individual Achievement Test - II (WIAT-II) WRITING	* Wechsler Individual Achievement Test-Third Edition (WIAT-III) READING	* Wechsler Individual Achievement Test-Third Edition (WIAT-III) WRITING
* Wechsler Individual Achievement Test-Third Edition (WIAT-III) MATH	* Kaufman Test of Educational Achievement, Third Edition (KTEA-3) CORE BATTERY - READING	* Kaufman Test of Educational Achievement, Third Edition (KTEA-3) CORE AND SUPPLEMENTAL BATTERY - READING
Woodcock Johnson-4th Edition Test of Academic Achievement READING	Woodcock Johnson-4th Edition Test of Academic Achievement MATH	Woodcock Johnson-4th Edition Test of Academic Achievement WRITING
Woodcock Johnson-4th Edition Test of Academic Achievement OTHER	Woodcock Johnson-3rd Edition Test of Academic Achievement READING	Woodcock Johnson-3rd Edition Test of Academic Achievement MATH
Woodcock Johnson-3rd Edition Test of Academic Achievement WRITING	Woodcock Johnson-3rd Edition Test of Academic Achievement OTHER	* Kaufman Test of Educational Achievement, Third Edition (KTEA-3) CORE BATTERY - MATH
* Kaufman Test of Educational Achievement, Third Edition (KTEA-3) CORE BATTERY - READING AND DECODING	Woodcock Johnson-4th Edition Test of Academic Achievement	
<b>Behavior Ratings</b>		
** Behavior Assessment Scale for Children (BASC-3) - CHILD Parent	Behavior Rating Inventory of Executive Functioning (BRIEF) 2 - Parent	Behavior Assessment Scale for Children (BASC-2) Preschool Social/Emotional
Behavior Assessment Scale for Children (BASC-2) - Self Report	Behavior Assessment Scale for Children (BASC-2) - Teacher	Behavior Assessment System for Children, Second Edition, Parent, Adolescent (PRS-A)
Behavior Assessment Scale for Children (BASC-2) TRS-A	Reynolds Adolescent Depression Scale, Second Edition (RADS-2)	** Behavior Assessment Scale for Children (BASC-3) - CHILD Teacher
Adaptive Behavior Scale-School, Edition 2	Attention Deficit Disorders Evaluation Scale (ADDES) School	Adaptive Behavior Assessment System II (ABAS II), parent/teacher, ages 5-21
Multidimensional Anxiety Scale for Children, Second Edition (MASC-2): Self-Report	Revised Children's Manifest Anxiety Scale, Second Edition (RCMAS-2)	Vineland-3, Adaptive Behavior Scales - Third Edition: Multi-Rater
Vineland-3, Adaptive Behavior Scales - Third Edition: Parent/Caregiver	School Motivation and Learning Strategies Inventory (SMALSI): Student Strengths- TEEN	Adaptive Behavior Assessment System II (ABAS II) ages 5-21, parent/teacher
Adaptive Behavior Assessment System II (ABAS II), parent, ages 5-21	Behavior Assessment Scale for Children (BASC-2)-Parent LONG FORM	Behavior Assessment Scale for Children (BASC-2) SRP A
Behavior Assessment System for Children - 2 (parent/teacher combined)	Behavior Assessment System for Children (BASC-2) TRS-P (teacher)	Behavior Rating Inventory of Executive Functioning (BRIEF) Parent/Teacher
Adaptive Behavior Assessment System II (ABASII) ages 0-5, Social/Emotional	Reynolds Adolescent Depression Scale	Behavior Rating Inventory of Executive Functioning (BRIEF-SR) Self-Report



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### Evaluation Instruments

Brown ADD Scales (BADDS)	Behavior Assessment System for Children, Third Edition, Parent Rating Scales Adolescent (BASC-3 PRS-A)	Behavior Assessment System for Children, Third Edition, Self-Report Adolescent (BASC-3 SRP-A)
Behavior Assessment System for Children, Third Edition, Teacher Rating Scales Adolescent (BASC-3 TRS-A)	Behavior Rating Inventory of Executive Functioning (BRIEF) 2 - Teacher	Behavior Rating Inventory of Executive Functioning (BRIEF) 2 - Self Report
** Behavior Assessment Scale for Children (BASC-3) CHILD Self-Report 8-11	Behavior Rating Inventory of Executive Functioning (BRIEF) 2 - Parent	Behavior Rating Inventory of Executive Functioning (BRIEF) 2 - Self Report
Behavior Rating Inventory of Executive Functioning (BRIEF) 2 - Teacher	Adaptive Behavior Assessment System, Third Edition Parent (ABAS-3 Parent)	Adaptive Behavior Assessment System, Third Edition Teacher (ABAS-3 Teacher)
Vineland-3, Adaptive Behavior Scales - Third Edition: Teacher	School Motivation and Learning Strategies Inventory (SMALSI): Student Liabilities-TEEN	School Motivation and Learning Strategies Inventory (SMALSI): Student Strengths - CHILD
School Motivation and Learning Strategies Inventory (SMALSI): Student Liabilities - CHILD		
<b>Developmental Tests</b>		
Sensory Profile-SP		
<b>Intellectual Tests</b>		
Stanford Binet Intelligence Scales--V (SB-V)	Wechsler Adult Intelligence Scale - IV (WAIS-IV)	Wechsler Intelligence Scale for Children--IV (WISC-IV) w/ indices
Reynolds Intelligence Assessment Scale (RIAS)	Kaufman Assessment Battery for Children - II (KABC-II)	Wechsler Adult Intelligence Scale--Third Edition (WAIS-III)
Differential Ability Scales - 2nd edition	Wechsler Individual Scale for Children-V (WISC-V)	Differential Ability Scale - 2nd edition, Upper Early Years
Woodcock-Johnson III, Test of Cognitive Abilities	Woodcock Johnson Test of Cognitive Ability, 4th Edition	Differential Ability Scales, Second Edition Early Years (DAS-II Early Years)
DAS-2 Early Years: Age Equivalencies	Differential Ability Scales, Second Edition School Age (DAS-II School Age)	Reynolds Intelligence Assessment Scales, Second Edition (RIAS-2)
Cognitive Assessment System - Second Edition (CAS-2)	Comprehensive Test of Nonverbal Intelligence - Second Edition (CTONI-2)	Test of Nonverbal Intelligence-Third Edition(TONI-3)
Wechsler Adult Intelligence Scale Third Edition (WAIS-III) on	Wechsler Intelligence Scale for Children-4th (WISC-IV)	Woodcock Johnson -Third Edition, Test of Cognitive Abilities
Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V)		
<b>Motor Tests</b>		
Bruininks-Oseretsky Test of Motor Proficiency II Gross Motor	Bruininks-Oseretsky Test of Motor Proficiency - 2: Fine Motor	Sensory Processing Measure Home Form:
Peabody Developmental Motor Scale 2 - Gross Motor	Bruininks-Oseretsky Test of Motor Proficiency - 2 Full Motor	Peabody Developmental Motor Scales - 2
The Beery-Buktenica Developmental Test of Visual-Motor Integration (VMI) - 6th Edition	Goal Oriented Assessment of Life Skills (Full)	Goal Oriented Assessment of Life Skills (Gross Motor)
Pediatric Balance Scale	The School Function Assessment (SFA)	The Gross Motor Function Measure (GMFM)
Test of Visual Perceptual Skills - 3rd Edition (TVPS)	Sensory Processing Measure Main Classroom Form:	Sensory Profile Short Form:
The Print Tool:		
<b>Preschool Instruments</b>		
Battelle Developmental Inventory 2nd Ed-Social/Emotional (DD Only)	Developmental Assessment of Young Children (DAYC)	Adaptive Behavior Assessment System (ABAS II) ages 0-5

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### Evaluation Instruments

Battelle Developmental Inventory 2nd Ed-Cognitive	Battelle Developmental Inventory 2nd Ed-Adaptive	Bayley Scales of Infant and Toddler Development 3rd Ed-Social/Emotional
Bayley Scales of Infant and Toddler Development 3rd Ed-Cognitive	Comprehensive Identification Process (CIP)	Bayley Scales of Infant and Toddler Development 3rd Ed-Adaptive
Battelle Developmental Inventory 2nd Ed-Social/Emotional Behavior		
<b>Speech Language Test</b>		
The Social Skills Improvement System (SSIS) - Teacher #1	The Social Skills Improvement System (SSIS) - Teacher #2	The Social Skills Improvement System (SSIS) - Parent
The Clinical Evaluation of Language Fundamentals - (CELF-5) Ages 9-21	The Listening Comprehension Test - 2 (TLC-2)	The Test of Problem Solving – 2 Adolescent (TOPS-2)
Wiig Assessment of Basic Concepts (WABC)	Social Emotional Value (SEE)	Differential Assessment of Autism and Other Developmental Disorders (DAADD) Ages 2-4
Differential Assessment of Autism and Other Developmental Disorders (DAADD) Ages 6-8	The Social Skills Improvement System (SSIS) - Student	The Oral and Written Language Scales-II (OWLS-II)
Social Skills Improvement System Social-Emotional Learning (SSIS SEL): Parent	Social Skills Improvement System Social-Emotional Learning (SSIS SEL): Teacher	Linguistech Articulation Test (LAT)
The Test of Language Development-Primary: Fifth Edition (TOLD-P:5)	Children's Communication Checklist - Second Edition (CCC-2) Teacher rater	Arizona Articulation Proficiency Scale - 3rd Revision (Arizona 3)
The Boehm Test of Basic Concepts - 3rd Edition (Boehm-3 Preschool)	The Boehm Test of Basic Concepts - 3rd Edition (Boehm 3)	The Gilliam Asperger's Disorder Scale (GADS)
Comprehensive Assessment of Spoken Language-ages 3-6 (CASL)	Comprehensive Assessment of Spoken Language-ages 7-21 (CASL)	The Expressive Language Test (ELT)
Expressive Vocabulary Test-2 (EVT-2)	The Khan-Lewis Phonological Analysis--2 (KLPA--2)	The Social Language Development Test--Elementary
The Social Language Development Test--Adolescent	The Structured Photographic Expressive Language Test - 3 (SPELT-3)	The Stuttering Severity Instrument - 3 (SSI-3)
Social Skills Improvement System Social-Emotional Learning (SSIS SEL): Self-Report	Overall Assessment of the Speaker's Experience of Stuttering (OASES)	The Preschool Language Scale - 5 (PLS-5)
The Test of Language Development-Primary Fourth Edition (TOLD-P:4)	The Pragmatic Language Skills Inventory (PLSI)	The Peabody Picture Vocabulary Test – Fourth Edition (PPVT-4)
The Word Test--Elementary Revised	The Word Test--2 Elementary	The Word Test--2 Intermediate
The Language Processing Test - Revised (LPT - R)	The Language Processing Test - 3 Elementary (LPT-3 Elementary)	The Test of Auditory Processing Skills--3 (TAPS--3)
The Test of Language Development--Primary Third Edition (TOLD-P:3)	The Test of Language Development--Intermediate, third edition (TOLD-1:3)	The Test of Language Development--Intermediate, fourth edition (TOLD--1:4)
The Test of Problem Solving--3, Elementary (TOPS--3)	The Listening Comprehension Test	Test of Narrative Language
The Test of Pragmatic Language - Second Edition (TOPL-2)	The Test of Semantic Skills Primary (TOSS-P)	The Test of Semantic Skills Intermediate (TOSS-I)
The Test of Word Finding 2nd Edition--Primary (TWF-2)	The Structured Photographic Expressive Language Test (SPELT-4)	The Oral and Written Language Scales (OWLS)
The Clinical Evaluation of Language Fundamentals - (CELF-5) Ages 5-8	The Clinical Evaluation of Language Fundamentals – Preschool (CELF-Preschool)	The Clinical Evaluation of Language Fundamentals-Preschool 2 (CELF-Preschool-2)



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**Evaluation Instruments**

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The Clinical Evaluation of Language Fundamentals – (CELF-4) Ages 5 to 8	The Clinical Evaluation of Language Fundamentals – (CELF-4) Ages 9 to 21	The Test for Auditory Comprehension of Language - 4th Edition (TACL-4)
Children's Communication Checklist - Second Edition (CCC-2) Parent rater	Comprehensive Assessment of Spoken Language 2nd Edition - Age 3-21 (CASL-2)	Arizona - 4
Structured Photographic Articulation Test-3 (SPAT-D 3)	Khan-Lewis Phonological Analysis - 3	Krug Asperger's Disorder Index (KADI)
RESCA-Elementary	The Goldman-Fristoe Test of Articulation - 3 (GFTA-3)	

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**Record Scan**

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Comments by staff. Report each grade, kindergarten to present, and any special program attended or recommended, e.g. Title 1, District Remediation, Special Education, etc. USE ADDITIONAL COPIES OF THIS FORM IF NECESSARY. The purposes of this form are to record information from the student's cumulative folder and to document the student's school history. Information that needs to be included: previous program interventions; previous referrals; academic and/or behavioral concerns from previous year; school's attendance data; and so on. For a secondary level student, the referring person will need more than one copy of this form.

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**Guidance Team Minutes**

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Student ID: [REDACTED]  
WA SSID: [REDACTED]  
Date of Birth: [REDACTED]

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**Notification for the Disclosure of Student Information to the Washington State Health Care Authority**

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Snohomish School District (the School District) currently provides necessary school-based health services to your child at no cost to you, the parent/guardian. The School District is participating in Washington State Health Care Authority (HCA) program through which Federal Medicaid funds are made available to school districts in the State to help cover the costs of providing necessary school-based health services to students. By participating in this program, the School District is allowed to seek Federal Medicaid funds to help cover the costs of the health services the School District provides to your child. In order to seek the Federal funds, the School District must disclose information from your child's education records to the HCA regarding the health services the School District provided to your child.

**NOTIFICATION OF PARENT/GUARDIAN RIGHTS AND PROTECTIONS**

To ensure that your child has access to a free appropriate public education, as required by Federal law, the School District must

- obtain your written consent prior to disclosing your child's health information to the HCA,
- may not require you to sign up for or enroll in any public benefits or insurance programs,
- may not require you to pay any out-of-pocket expenses such as a deductible or co-payment for the costs of the health services the School District provides to your child, and
- may not use your child's Medicaid or other public benefits if that use would
  - decrease available lifetime coverage or any other insured benefit,
  - result in you or your family paying for services that would otherwise be covered by Medicaid or other public insurance program and that are required for your child outside of the time that your child is in school,
  - increase your insurance premiums or lead to the discontinuation of any public benefits or insurance, or
  - risk the loss of your eligibility for home and community-based waivers, based on aggregate health-related costs.

*Giving your consent will cost you, the parent guardian, nothing*, but will allow the School District to seek Federal financial support needed to better provide services to students. Whether or not you give your consent or if you withdraw your consent, the School District will continue to provide services to your child at no cost to you, the parent/guardian.

If the district is requesting an updated consent from you, or has asked you to provide initial consent to verify Medicaid eligibility and seek reimbursement from Medicaid for necessary school based services, a consent form is attached to this notification.

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### Medicaid Consent

Date: 05/07/2019

**PURPOSE:** This form asks for your consent to share the necessary information to verify Medicaid eligibility and bill for school-based Medicaid reimbursement with the Washington State Health Care Authority, Health and Recovery Services Administration. Billing HCA does not affect individual benefits under Medicaid or require a co-pay or deductible. If you have questions regarding this request, call the school district's Director of Special Education or designee for an explanation as to why the request is being made.

Student's Name [REDACTED]

Student's SSID: [REDACTED]

Current School: SNOHOMISH CENTER

Date of Birth: [REDACTED]

State law requires the school district to submit claims for health-related services provided to special education students or students referred for special education. These services include physical therapy, occupational therapy, speech-language therapy, audiology, nursing, counseling, and psychological evaluation.

With your permission, Snohomish School District, will submit your student's name and birth date to the Washington State Health Care Authority (HCA) to verify Medicaid eligibility. Such a request will in no way negatively impact services included in your child's individualized education program (IEP).

With your permission, we will share necessary identifying information from your child's education record to access federal Medicaid reimbursement from the Washington State Health Care Authority (HCA). If any additional Medicaid reimbursement services are added to the IEP, the school district will request additional consent. If my child no longer is served by this school district, this consent does not transfer to a new district.

This authorization will begin on 05/07/2019.

By giving consent, you are acknowledging that (1) you have been fully informed of all information relevant to the activity for which consent is sought; (2) you understand that the granting of consent is voluntary on your part and may be revoked at any time; and (3) if you revoke consent, the revocation is not retroactive; which means that it does not negate any activity that has already taken place.

☒ I give my consent to verify Medicaid eligibility with HCA and to submit claims for allowable services.

☐ I do not give my consent to verify Medicaid eligibility with HCA and to submit claims for allowable services. I understand that my refusal does not affect my child's access to services under the Individualized Education Program.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date