

#### DOC ID 095

#### **Snohomish School District**

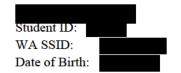
1601 Avenue D Snohomish, WA 98290-1799 360-563-7308

#### Notification of Guidance Team Referral

PURPOSE: This invitation requests you the opportunity to participate in any mee appropriate public education for your ch	eting regarding the identi			
Го: _			Date Sent to Participants:	05/07/2019
This meeting has been scheduled for: Location SNOHOMISH CENTER	Date 05/07/2019	Time 9:30 AM	_	
If you have any questions or would like a Cheri Peach at 360-563-7321 e-mail che			repare for this Referral meetin	ng, please contact
This is to notify you that a/an Referral movery important. This Special Education I this meeting is to (check all that apply):	Referral meeting must be			
X Review Performance		Review Goals		
Review Attendance		Other:		
The following are invited to attend and parent General Education Teacher Special Education Teacher Parent/Guardian Speech Language Pathologist	participate in the Special	Education Referral meet	ing:	

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.



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

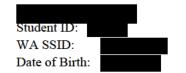
#### Contact Attempt Report

Notification Area: GT

05/07/2019 Meeting Date: Time: 9:30 AM

SNOHOMISH CENTER Location:

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



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

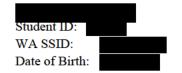
	Guidance Team Record - Specia	al Education Referral
Student's Name:	Middle Last	_Student No: _
Date of Request: <u>05/07/20</u>	19 Primary Language: English	Age: <u>2</u> Sex: <u>M</u>
Parent Notification: By Who	m: Cheri Peach	
Contact Name:		Work Phone:
Contact Name:		Work Phone:
Home Address:		Home Phone:
Date of Birth:	School: SNOHOMISH CENTER	
Teacher:		om:
I. Reason for request (attach c	copy of the interim reports and current report ca	urd)
III. Present instruction levels: Reading:  Math:  Written Language:		
Strengths:		
Needs:		
Other Considerations:		
	This portion cor	mpleted by G.T
IV. G.T. Recommendation:	Refer to Evaluation Group	
V. Individual responsible fo	or parent notification (if not present at meeting)	: Cheri Peach
VI. Individual designated to	o inform requesting source (if not present at me	eeting): Cheri Peach
VII. Projected date of revie	w: <u>09/06/2019</u> Case Manager:	

# Student ID: WA SSID: Date of Birth:

# **Snohomish School District**

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

Prior Written Notice	
To:	Date: 05/07/2019
<b>PURPOSE:</b> As a parent/guardian of a special education child or child suspected of needing special of required to provide you with prior written notice whenever it proposes or refuses to initiate or change educational placement, or provision of a free appropriate public education to your child. This notice makes a decision and before action is taken on the decision. The notice should be given to you in a district takes action.	ge the identification, evaluation, e should be given to you after a district
The purpose of this prior written notice is to inform you that we are:	
1. X proposing refusing to 2. X initiate change continu (mark one of the above)	ae a/an
Mark all items below that apply:	_
3. Referral X Evaluation  Educational Placement IEP  Disciplinary action that is a change of placement Other:	Eligibility Category Reevaluation
Description of the proposed or refused action:	
The reason we are proposing or refusing to take action is:	
The reason we are proposing of retusing 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 <i>Notice of Education Students and Their Families</i> . If this prior written notice is given to you (1) as part of you (2) as part of a request for reevaluation or (3) notice to you regarding disciplinary action that constit procedural safeguards accompanies this notice. If a copy of the <i>Notice of Procedural Safeguards for Their Families</i> is not enclosed and you would like a copy or you would like help in understanding the	or child's initial referral for evaluation, utes a change of placement the special Education Students and
Cheri Peach at 360-563-7321	
Notice of Procedural Safeguards for Special Education Students and Their Families has been provided	ded to parents.



Parent/Guardian/Surrogate/Adult Student

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

#### **Snohomish School District**

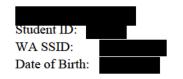
Date

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

School: SNOHOMISH CENTER	Grade:	P2	Sex: M
<b>PURPOSE:</b> A school district must inform parents/guardians of all information relevant to the initial evaluation, initial placement, or reevaluation of a student. This form asks for your conshelpful to school personnel if you would share your reason(s) for not giving your consent for regarding this request, you may call the school district director of special education for an exp	district making a dec sent to the action indi the proposed action.	ision rega cated. It If you ha	arding the would be we question
Snohomish School District recommends an evaluation for your child to address the following a	areas:		
I understand that I have the opportunity to participate in the consideration of the areas to be ass	sessed. I would sugge	est the fol	llowing are
I understand that I have the opportunity to participate in the consideration of the areas to be assof need be considered in assessing my child:			
I understand that I have the opportunity to participate in the consideration of the areas to be ass of need be considered in assessing my child:  1.			
I understand that I have the opportunity to participate in the consideration of the areas to be ass of need be considered in assessing my child:  1			
Other:  I understand that I have the opportunity to participate in the consideration of the areas to be ass of need be considered in assessing my child:  1			
I understand that I have the opportunity to participate in the consideration of the areas to be ass of need be considered in assessing my child:  1	ucational program for	your chil	ld, we will
I understand that I have the opportunity to participate in the consideration of the areas to be assof need be considered in assessing my child:  1	ucational program for ponent areas above, a	your chil list of po	ld, we will ossible test
I understand that I have the opportunity to participate in the consideration of the areas to be assof 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 eduneed your permission to conduct an individual evaluation. Given the selected assessment compinistruments is attached.  It should also be understood that all information collected during this evaluation will be kept cauthorized school personnel pursuant of the Family Educational Rights and Privacy Act.	ucational program for ponent areas above, a confidential and will b	your chil list of po be used or	ld, we will ossible test
I understand that I have the opportunity to participate in the consideration of the areas to be assof need be considered in assessing my child:  1	ucational program for ponent areas above, a confidential and will b consent for an evaluat	your chil list of po be used or ion.	ld, we will ossible test
I understand that I have the opportunity to participate in the consideration of the areas to be assof need be considered in assessing my child:  1	ucational program for ponent areas above, a confidential and will b consent for an evaluat	your chil list of po be used or ion.	ld, we will ossible test

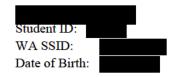
#### **Consent Disclaimer**

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.



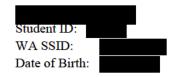
1601 Avenue D Snohomish, WA 98290-1799 360-563-7308

Academic Tests		
Kaufman Tests of Educational Achievement-III (KTEA-3)	Wechsler Individual Achievement Test-Third Edition (WIAT-III)	<ul> <li>* Kaufman Test of Educational Achievement, Third Edition (KTEA-3) CORE BATTERY - WRITING</li> </ul>
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 Tes 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 o 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	
Behavior Ratings		
** Behavior Assessment Scale for Children (BASC-3) - CHILD Parent	Behavior Rating Inventory of Executive Functioning (BRIEF) 2 - Parent	Behavior Assessment Scale for Childr (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 Syste II (ABAS II), parent/teacher, ages 5-2
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 Syste 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 Childi (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 Executiv 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



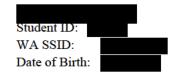
1601 Avenue D Snohomish, WA 98290-1799 360-563-7308

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		
Developmental Tests		
Sensory Profile-SP		
Intellectual Tests		
Stanford Binet Intelligence ScalesV (SB-V)	Wechsler Adult Intelligence Scale - IV (WAIS-IV)	Wechsler Intelligence Scale for ChildrenIV (WISC-IV) w/ indices
Reynolds Intelligence Assessment Scale (RIAS)	Kaufman Assessment Battery for Children - II (KABC-II)	Wechsler Adult Intelligence ScaleThird Ediion (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)		
Motor Tests		
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 Perceputal Skills - 3rd Edition (TVPS)	Sensory Processing Measure Main Classroom Form:	Sensory Profile Short Form:
The Print Tool:		
Preschool Instruments		
Battelle Developmental Inventory 2nd Ed-Social/Emotional (DD Only)	Developmental Assessment of Young Children (DAYC)	Adaptive Behavior Assessment System (ABAS II) ages 0-5



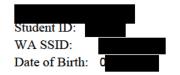
1601 Avenue D Snohomish, WA 98290-1799 360-563-7308

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		
Speech Language Test		
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	Linguisystem 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 Analysis2 (KLPA2)	The Social Language Development TestElementary
The Social Language Development TestAdolescent	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 TestElementary Revised	The Word Test2 Elementary	The Word Test2 Intermediate
The Language Processing Test - Revised (LPT - R)	The Language Processing Test - 3 Elementary (LPT-3 Elementary)	The Test of Auditory Processing Skills3 (TAPS3)
The Test of Language DevelopmentPrimary Third Edition (TOLD-P:3)	The Test of Language DevelopmentIntermediate, third edition (TOLD-1:3)	The Test of Language DevelopmentIntermediate, fourth edition (TOLDI:4)
The Test of Problem Solving3, Elementary (TOPS3)	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 EditionPrimary (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)



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

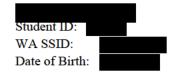
The Clinical Evaluation of Language Fundamentals – (CELF-4) Ages 5 to 8	The Clinical Evaluation of Language Fundamentals – (CELF-4) Ages 9 to 21	The Test for Auditory Comprehension of Language - 4th Edition (TACL-4)
Children's Communication Checklist - Second Edition (CCC-2) Parent rater	Comprehensive 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)	



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

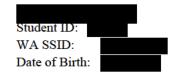
#### **Record Scan**

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.



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

#### **Guidance Team Minutes**



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

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

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.

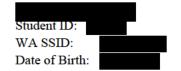
#### NOTIFICATION OF PARENT/GUARDIAN RIGHTS AND PROTECTIONS

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.



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

#### **Medicaid Consent**

Date:05/07/2019	
<b>PURPOSE:</b> This form asks for your consent to share the necessary information to Medicaid reimbursement with the Washington State Health Care Authority, Health does not affect individual benefits under Medicaid or require a co-pay or deductible school district's Director of Special Education or designee for an explanation as to	and Recovery Services Administration. Billing HCA e. If you have questions regarding this request, call the
Student's Name	Student's SSID:
Current School: SNOHOMISH CENTER	Date of Birth:
State law requires the school district to submit claims for health-related services profor special education. These services include physical therapy, occupational therapy counseling, and psychological evaluation.	
With your permission, Snohomish School District, will submit your student's name Authority (HCA) to verify Medicaid eligibility. Such a request will in no way negatindividualized education program (IEP).	and birth date to the Washington State Health Care atively impact services included in your child's
With your permission, we will share necessary identifying information from your creimbursement from the Washington State Health Care Authority (HCA). If any at the IEP, the school district will request additional consent. If my child no longer is transfer to a new district.	dditional Medicaid reimbursement services are added to
This authorization will begin on05/07/2019	
By giving consent, you are acknowledging that (1) you have been fully informed or consent is sought; (2) you understand that the granting of consent is voluntary on y revoke consent, the revocation is not retroactive; which means that it does not negative.	our part and may be revoked at any time; and (3) if you
X I give my consent to verify Medicaid eligibility with HCA and to submit of	claims for allowable services.
I do not give my consent to verify Medicaid eligibility with HCA and to s refusal does not affect my child's access to services under the Individualization	ubmit claims for allowable services. I understand that meed Education Program.
Signature of Parent Date	<del>_</del>