

REQUEST FOR EDUCATIONALLY RELATED MENTAL HEALTH (ERMHS) ASSESSMENT

DATE **DELIVERED VIA:** Fax Registered Mail In Person

FROM:

Parent/Guardian/Educational Rights Holder Name(s)

Street Address

City, State, Zip

Telephone Number(s)

Email (if applicable)

TO: Mr/Ms/Dr: _____

Name of Director of Special Education

School District Name

School District Street Address

City, State, Zip

Telephone and Fax Number(s) if known

Email if known

Student Name

Birth Date

Student School

School Address

I am the parent/guardian of the above referenced student. I am requesting that you evaluate my child to determine what educationally-related mental health services he requires to benefit from his education. Specifically, my concerns are that my child's mental health needs are creating a significant barrier to learning and progress in school.

I understand that under California's AB114 that the District is required to fully meet IDEA Child Find requirements, and must evaluate in all areas of suspected disability. I understand that the District may not deny or delay mental health assessment, based on current IDEA eligibility status, when there is suspected or known disability in the mental health area. See CA Dept. of Education (CDE) AB114 guidance for LEAs (school districts) in regard to mental health assessment and responsibilities:

<http://www.cde.ca.gov/sp/se/ac/documents/assessmentsummary.doc>

...Under the state's prior structure [AB3632], a LEA would initially assess students suspected of having social or emotional needs to determine if the students were eligible for special education. If the LEA determined that an eligible student was suspected to require mental health services (and met certain additional criteria), the student would be referred by the LEA to a state or local mental health agency for a mental health assessment.

Under the new structure [AB114], the transition of responsibilities concerning the provision of related services discontinues the mandatory process of referring such students to mental health agencies for mental health assessments. Consequently, the scope and content of an LEA's assessment process now includes the need to directly assess students with suspected mental health needs, and to assist IEP teams in selecting appropriate services and goals to serve identified students with mental health issues. Here are my concerns:

I look forward to receiving a copy of the Assessment Plan within 15 calendar days of the district's receipt of this request for my review and consent. [Cal. Educ. Code § 56043(a)] describing how the district will assess to determine what educationally related mental health services and specialized social-emotional supportive services [Student Name] requires to access and benefit from his public education. I understand that I may take at least 15 additional calendar days to ask any questions I may have about the Assessment Plan including proposed qualified evaluators, to ensure that I am provided with necessary informed consent.

Please contact me to schedule an IEP team meeting with adequate advance written notice, upon completion of assessment and to be held within 60 calendar days of my consent for this evaluation. [Cal. Educ. Code § 56302.1(a); Cal. Educ. Code § 56043(f)(1)] As is a protected right, all efforts should be made to schedule the IEP meeting at a mutually agreed upon time and place. [Cal. Educ. Code § 56341.5(c)]

Please provide all assessment reports to me at least 5 business days in advance of any IEP meeting that will be held to discuss these findings so that I am provided with adequate time to prepare for the IEP meeting and fully participate as a member of the IEP team.

I understand that if evaluation is refused that I am required to receive Prior Written Notice (PWN) that meets the requirements of IDEA.

Thank you in advance for your prompt action regarding this request. If you have any questions or concerns, please feel free to contact me.

Sincerely,

Parent/Guardian Signature(s)

COPIES TO: School Principal, and Other members of my child's educational team as needed

ENCLOSED: Attachments to this letter (if included) to help the district understand child's suspected disability(ies), needs, diagnoses and disability(ies) if applicable.
