

## **N.H. SCHOOL ADMINISTRATIVE UNIT 91 SURRY SCHOOL DISTRICT**

### **CHILD FIND**

SAU #91, which is comprised of the Surry School District, is required to locate and identify all children who may have an educational disability or any child attending the public schools who may require Section 504 accommodations or services. In accordance with federal and state law/regulations, any person may refer for evaluation a child between the ages of 2.5 and 22 for reasons including, but not limited to, the following:

- Failing to pass a hearing or vision screening
- Unsatisfactory performance on group achievement or accountability measures
- Receiving multiple academic or behavioral warnings
- Repeatedly failing one or more subject
- Inability to progress or participate in developmentally appropriate preschool activities, and
- Receiving service from family-centered early support and services

The child find requirements of the District also apply to highly mobile children, homeschooled children, homeless children, and children who are suspected of having an educational disability even though they are advancing from grade to grade. Child Find also includes those children in grades K-12 who attend approved, non-public private schools within the geographic boundaries of SAU #91, regardless of where they reside.

Referrals may be initiated in a variety of ways. The Director of Student Services may be contacted at [jfenrich@gmail.com](mailto:jfenrich@gmail.com). For children who have not yet entered kindergarten, the Director of Student Services may be contacted for preschool services. For children who attend the SAU #91 public schools, building principals or classroom teachers may be contacted by anyone wishing to initiate a referral for special services. Students in grades K-12 who attend private schools outside the geographical boundaries of SAU #91 should contact the district where the private school is to make a referral for evaluation.

Once a referral has been made, the District or SAU will convene a meeting of individuals knowledgeable of the student, and if appropriate, an evaluation meeting will be scheduled. The evaluations will be used to determine eligibility for services. Once identified, children will be entitled to triennial evaluations to ensure that their identification and programming is appropriate. Children who have been previously identified by the district and are Home-schooled and/or attending private school are still eligible for reevaluation. Parents are encouraged to reach out to the Director of Student Services if they would like to schedule an evaluation meeting.

The NH Department of Education has also published a Special Education Procedural Safeguards Handbook, which is available at the following link:

<https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/sonh/procedural-safeguards-november-2023.pdf>

Approved by Superintendent: 7/29/2024

# Surry School District

## Child Find Review Document

\*To be given to the individual making the referral to the Child Find team.

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Referred  
by: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Referral date:  
\_\_\_\_\_

### 1.) Areas of Concern:

Please check major area(s) of concern, and describe the child's behavior, or performance in each area checked. If you have more than one area identified, please circle the area of highest concern/priority to address.

Academic Social/Emotional Gross/Fine Motor Activities of Daily Living Health/Medical related Behavior Communication

### Other (please specify)

Please describe specific concerns:

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### 2.) Describe any alternative strategies attempted and the outcome, if applicable:

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### 3.) Has the child had any special services provided (currently or in the past)?

Yes No

*If yes, please describe the type of service, location, and provider of the service(s):*

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**4.) Other relevant information:**

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**5.) If the referral came from a non-parental source (or guardian), has the parent been notified about the concerns regarding the child?**

**Yes No**

**If yes, method of notification and date:** \_\_\_\_\_

**Signature of individual completing this form/date:**

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