

EVALUATION ASSESSMENT REQUEST

Complete this page and submit it to the building facilitator so that consent for an evaluation can be mailed to the student's guardian.

Type of Evaluation:

- _____ Initial: a referral has been submitted to begin the special education process.
- _____ 3 Year: a current special education student is due for a 3 year re-evaluation.
- _____ Extended: another assessment was requested at an initial or three year team mtg.
- _____ Unscheduled: an assessment has been considered and an unscheduled request form (attached) has been submitted to and approved by the Director of Special Education

Student's Name _____ Date of Birth _____

School: _____ Grade: _____ Teacher: _____

Relevant Information:

Language:

Does the student require an interpreter for testing? _____
 If yes, what language? _____ Student's ELL Status: _____

Health History:

Does the student experience any motor limitations or other health problems which impact educational performance?
 If yes, explain further. _____

Medications currently prescribed: _____

Has the student been prescribed corrective lenses or hearing aids?
 Yes, corrective lenses: _____ Yes, hearing aids: _____
 Does the student wear them consistently?

Parent Information:

Parent Name: _____ Home Telephone: _____

Address: _____ Cell Phone: _____

Does this parent require an interpreter? _____ If yes, what language? _____

Assessment Proposed:

Why is this assessment necessary?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Referring person's

Signature: _____ **Date:** _____

EVALUATION ASSIGNMENT SHEET

Student's Name _____ Facilitator _____

Date Consent Received: _____ Date due to Facilitator: _____

Assessments	Evaluator	TEAM Meeting Send Notice to:	Notice Only
Ed Status Assessment	_____	Yes / No	Y / N
Teacher Assessment	_____	Yes / No	Y / N
Academic	_____	Yes / No	Y / N
Observation	_____	Yes / No	Y / N
Home/Social	_____	Yes / No	Y / N
Home Training	_____	Yes / No	Y / N
Health/Physical	_____	Yes / No	Y / N
Psychological	_____	Yes / No	Y / N
Projective	_____	Yes / No	Y / N
Speech/Lang.	_____	Yes / No	Y / N
OT	_____	Yes / No	Y / N
PT	_____	Yes / No	Y / N
Other:	_____	Yes / No	Y / N
Other Invitees:			
Principal	_____	Yes / No	Y / N
Gen'l Ed, Teacher	_____	Yes / No	Y / N
_____	_____	Yes / No	Y / N

Schedule Team Meeting for: _____ Day(s) of Week
 _____ Time of Day
 _____ Location

Chairperson for Team Meeting _____

Team Assistant for Team Meeting _____