



I suspect my child has a disability that adversely affects his/her educational performance and I am requesting an evaluation to determine eligibility for special education services.

Student Name: _____ Student's Date of Birth: _____

Parent/Guardian Name: _____ Parent Phone: _____

Student's Address: _____ Student's School: _____

Student's Homeroom Teacher: _____ Grade: _____

Primary Language of Student: _____ Primary Language of Home: _____

Has your student ever had a hearing screening/assessment? No Yes on this date: _____

Results were: Pass Fail Other: _____ (If yes, please attach report with results)

Has your student ever had a vision screening/assessment? No Yes on this date: _____

Results were: Pass Fail Other: _____ (If yes, please attach report with results)

I am concerned about my student's achievement in the following areas:

- Reading Math Written Language
- Social/Behavioral (difficulty following directions, trouble interacting with peers etc.)
- Fine Motor (difficulty with tasks such as handwriting, cutting, coloring, etc.)

Specify Concerns: _____

- Gross Motor (difficulty with tasks such as walking, running, or walking on stairs etc.)

Specify Concerns: _____

- Communication
- Fluency
- Articulation (pronunciation of words, difficult to understand speech)
- Language (atypical sentence structure, difficulty understanding what is said, difficult time formulating sentences or expressing him/herself)

Specify Concerns: _____

Parent/Guardian Signature

Date

Office Use Only: Received by: _____	Date: _____
Action Taken: <input type="checkbox"/> Referral for evaluation was made on _____ Assigned To: _____	
<input type="checkbox"/> Referral was not made (written prior notice)	