### **Request for Consideration for Initial Special Education Evaluation**

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| Step 1: |
| **Student Information**Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_ Homeroom Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Individuals(s) Making Request:** Individual(s) Role(s)   |
| **Agency Staff Receiving Request:**Date Request received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Agency staff who received request\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Form in which request received [ ]  written [ ]  verbal |
| **Description of the concerns of the individual(s) that prompted this request:**

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| Area of concern: | Describe **specific** concerns for the student: |
| [ ]  Vision |  |
| [ ]  Hearing |  |
| [ ]  Health |  |
| [ ]  Motor |  |
| [ ]  Speech (articulation/voice/fluency) |  |
| [ ]  Language (communication) |  |
| [ ]  Intellectual/Cognitive |  |
| [ ]  Adaptive Behavior |  |
| [ ]  Social/Emotional/Behavioral |  |
| [ ]  Academic/Pre-Academic:Below expected achievement in [ ]  Reading [ ]  Math [ ]  Written Expression |   |
| [ ] Vocational/Transitional |  |
| [ ] Other |  |

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| Step 2 |
| **District Decision regarding the suspicion of a disability:**Describe all factors considered: (e.g. attendance, grades, discipline history, second language influence, lack of instruction, medical concerns, etc.)Based upon the factors described above, the following decision is made:[ ]  Disability is not suspected [ ]  Disability may exist and is suspectedComplete Referral for Evaluation (step 3) based on this decision |
| Step 3 |
| Referral for Evaluation**Course of Action Selected by District** (Check Appropriate Boxes)

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| [ ]  **Parent referral** **Provide Referral Date\*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (\*This is the date a member of the district’s certificated staff received a verbal or written request from the parent). Procedural Safeguards Given to Parents on: \_\_\_\_\_\_\_\_\_\_\_ (**Within 5 school days after referral**.)[ ]  The district determined that an evaluation is not warranted and will provide the parents with a Prior Written Notice.***-OR-***[ ]  The district determined that an evaluation is warranted. |  | [ ]  **District personnel request evaluation:**[ ]  The district determined that an evaluation is not warranted.***-OR-***[ ]  The district determined that an evaluation is warranted. Provide date on which decision was made to evaluate\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  (\*This date becomes the Referral Date)Pr Procedural Safeguards Given to Parents on: \_\_\_\_\_\_\_\_\_\_ (**Within 5 school days after referral**.) |

**Names/Roles of Personnel Making Above Determination:** **Name(s) Role(s)****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |