### **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:**   |  |  | | --- | --- | | 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 |  | |
| 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 suspected  Complete Referral for Evaluation (step 3) based on this decision |
| Step 3 |
| Referral for Evaluation **Course of Action Selected by District**  (Check Appropriate Boxes)   |  |  |  | | --- | --- | --- | | **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)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |