**K-12 Request for Special Education Evaluation**

[ ]  Initial Evaluation [ ]  Re-evaluation [ ]  Parent Referral (attach Parent

 Referral Form)

|  |  |  |  |
| --- | --- | --- | --- |
|  Date: |  | Name of person making request: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Name: |  | Birthdate: |  | Age: |  |
| Grade: |  | School: |  | Sex: |  |
| Parent/Guardian: |  |
| Work Phone: |  | Cell Phone: |  |
| Email Address: |  |
| Mailing Address: |  |

**Medical History**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of hearing evaluation: |  | Date of vision evaluation: |  |
| Results: | [ ]  Pass | [ ]  Fail | Results: | [ ]  Pass | [ ]  Fail |
| Other significant medical history: |  |
|  |

**Required Attachments**

 [ ]  Problem solving intervention documentation (e.g., Student Assistance Team) including

 graphs or data indicating effectiveness of interventions (for initial evaluations)

 [ ]  District-wide assessment reports and data, such as MAP Student Progress Report,

 DIBELS/Acadience Student Report, NSCAS (must include - test, test date/window,

 percentile)

 [ ]  Student grades

 [ ]  Signed SRS Consent for Evaluation

 [ ]  **Prior Written Notice**

**Evaluation Areas**

\*Note, these areas should have been addressed during problem solving (for initial evaluations) or related to the student’s disability (or new concern if this is a re-evaluation)

[ ]  Academic [ ]  Cognitive/Intellectual [ ]  Social & Emotional

[ ]  Perceptual and Motor [ ]  Speech & Language [ ]  Autism Spectrum Disorder

[ ]  Other (specify) Audiological/Hearing Occupational Therapy Physical Therapy Vision

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Building Administrator Signature |  | Date |
|  |  |  |
| Classroom Teacher or Case Manager Signature(Initial evaluation or re-evaluation) |  | Date |
|  |  |  |
| Additional Problem-Solving Team Member Signature(Initial evaluations) |  | Date |

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Email to: Nancy Schmidt (nschmidt@esu5.org) or Pam Borgman (pborgman@esu5.org)

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| --- |
| For ESU 5 office use only— |
| Date received:  |  | Due date: |  |
|  |  |  |  |