**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 |

S.

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

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