



Student's Full Name: _____ DOB: _____ Sex: _____

District: _____ Building: _____

Case Manager: _____ Grade: _____

Parent/Guardian: _____ Phone: _____

Address: _____

Consent for Evaluation Signed: _____ No _____ Yes (Date Signed _____)

Please indicate evaluation(s) being requested:

- _____ Orthopedically Impaired Itinerant Evaluation
- _____ Hearing Impaired Itinerant Evaluation
- _____ Visually Impaired Itinerant Evaluation
- _____ Physical Therapy
- _____ Occupational Therapy
- _____ Adapted P.E.

Teacher Summary Report

Please complete the following questionnaire regarding the student you are referring. Be as *specific* as possible.

1. Why is this student being referred?
2. Does this student have a current medical diagnosis? Please list pertinent health history information that relates to your concern/referral.
3. How is this diagnosis impacting the student in school? (academically, socially, functionally, etc.)
4. What specific instructional arrangements, teaching techniques, behavior management plans, and classroom accommodations have been used with this student? What were the results of these interventions?

Request Prepared By: _____ Date: _____

Approved By: _____ Date: _____
(District LEA Representative)