

Parent Summary Report

(Initial Request for Evaluation)

Dear Parent/Guardian,

We are interested in your perspective regarding your child's school experience. This will assist the educational team in determining whether your child requires an individualized evaluation. Please answer the questions below and return to school by _____.

1. What are your child's personal and educational strengths?

2. What are your child's interests?

3. How does your child feel about school?

4. What are the areas in which your child struggles?

5. Are there any issues your family is struggling with at home that may be affecting your child at school?

6. Do you have any particular concerns/questions regarding your child which you believe need to be addressed at this time?

7. Has your child ever been retained? _____ no _____ yes
Has your child ever received special education or
speech services before? _____ no _____ yes
Does your child wear glasses? _____ no _____ yes
Does your child wear hearing aids? _____ no _____ yes
Have evaluations been completed outside of school?
(medical, psychological, speech, . . .) _____ no _____ yes

Student's Name _____ Today's Date: _____

Person Completing this form: _____ Relationship to the Child _____