



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)