

- Initial
- Reevaluation

Request for Evaluation

Student Name _____

Date of Birth _____ Age _____ Male Female

School _____ Grade _____ Teacher _____

Parent/Guardian _____

Address _____

Home Phone _____ Cell Phone _____ Email _____

Does the child have any presently identified disabilities?

____ Vision ____ Hearing ____ Speech/Language

____ Other (please describe) _____

Has the child been retained? no yes, grade _____

What are the child's areas of need? Please rank the following according to severity, omitting those items that do not apply. (1 being the highest area of need)

Academic Functioning	_____
Peer Relationships	_____
Behavior	_____
Memory	_____
Work Completion	_____
Speech/Language Skills	_____
Other: _____	_____
_____	_____
_____	_____

Please attach any additional reports or evaluations that have already been completed.

Signature of person making request _____ Date _____

Relationship to the child _____

Date request was received _____