

Bluffton, IN 46714

800-824-5880

PARENT REQUEST FOR INITIAL EDUCATIONAL EVALUATION

\*For Speech/Language Referrals Only; Indicate: \_\_\_ Speech Only, \_\_\_ Language Only, \_\_\_ Both Speech/Language

STUDENT: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

TEACHER: \_\_\_\_\_ BUILDING: \_\_\_\_\_

As parent of the above-named student, I request an initial educational evaluation to determine if my child is eligible for special education and related services.

The public agency representative will notify me within ten (10) school days of its proposal or refusal to evaluate my child.

This form does not constitute written permission to evaluate.

\_\_\_\_\_

(Parent Signature)

\_\_\_\_\_

(Date)

The attached vetting guide should include the essential information to be used to determine the appropriateness of the request on Initial Educational Evaluation for special education.

If pertinent information is not provided or is needed, a parent request for Initial Educational Evaluation will need to be signed again.

**For school use: Enclose all relevant data necessary to make the evaluation decision (previous evaluation results, medical information, grades, classroom work, ISTEP scores, NWEA scores, intervention data, etc.).**

Office use only:

Date Received: \_\_\_\_\_

10 day timeline: \_\_\_\_\_