

NOTIFICATION OF REQUEST FOR EDUCATIONAL EVALUATION

The following information must be sent immediately upon a parent OR teacher request for an educational evaluation for a student. This page must be faxed immediately to DMSEC and will begin the 10-school-day timeline to review all records. This specific information is required to enter the data into the State computer system.

Thank you for your speedy response when you have a written or verbal request for an educational evaluation.

STUDENT LAST NAME:		STN:	
STUDENT FIRST NAME:		MIDDLE INITIAL:	
GENDER: MALE FEMALE	BIRTHDATE:		GRADE:
ETHNIC BACKGROUND: (check one) ___ American Indian or Alaskan Native ___ Asian or Pacific Islander ___ Hispanic ___ Black American ___ White (non-Hispanic) ___ Multiracial			
SCHOOL OF RESIDENCE:		SCHOOL ATTENDING:	
PARENT(S) NAME:			
ADDRESS:		CITY:	COUNTY:
HOME PHONE:	WORK PHONE:	EMERGENCY CONTACT PHONE:	
CUSTODY: (check one) ___ Natural parents ___ Maternal parent ___ Paternal parent ___ Foster parent(s) ___ Ward of Court ___ Ward of DPW ___ Ward of DMH ___ Nursing Home ___ Other:			
BILINGUAL PSYCHOLOGIST PREFERRED _____ (Please note, this is a preference and not guaranteed)			
REQUEST MADE BY: PARENT SCHOOL PERSONNEL (Specify title: _____)			
DATE REQUEST WAS RECEIVED BY CERTIFIED SCHOOL PERSONNEL:			
HOW WAS REQUEST MADE TO CERTIFIED SCHOOL PERSONNEL? (If in writing, include with fax.)			
OTHER INFO.:			

PRINCIPAL SIGNATURE: _____

DATE: _____