

# Dubois – Spencer – Perry

## Exceptional Children's Co-op

### NOTIFICATION OF REQUEST FOR EDUCATIONAL EVALUATION

Complete this form anytime a parent requests an educational evaluation for a student OR when a school proposed and proceeds with the evaluation process.

Fax this completed form to the DSP Exceptional Children's Co-op. (See below for the appropriate fax number.)

#### **STUDENT INFORMATION**

Student Name \_\_\_\_\_ STN# \_\_\_\_\_

Gender  Male  Female Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Ethnic Background: \_\_\_ American Indian or Alaskan Native \_\_\_ Asian or Pacific Islander  
\_\_\_ Hispanic \_\_\_ Black American \_\_\_ White (non-Hispanic) \_\_\_ Multiracial

School of Residence \_\_\_\_\_ School Attending \_\_\_\_\_

Gen Ed Teacher Name \_\_\_\_\_ Suspected Disability \_\_\_\_\_

Expected Special Ed Teacher Name \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Custody: \_\_\_ Natural Parent \_\_\_ Maternal Parent \_\_\_ Paternal Parent \_\_\_ Foster Parent  
\_\_\_ Ward of Court \_\_\_ Ward of DPW \_\_\_ Ward of DMH \_\_\_ Other

Did the student participate in a process that assessed the student's response to scientific, research-based interventions? \_\_\_\_\_

#### **REQUEST FOR EVALUATION**

Request for evaluation made by:  School Personnel (*specify title*) \_\_\_\_\_ *skip to Written Notice section*  
 Parent *please answer the next 2 questions*

- Date request from parent was received by certified school personnel \_\_\_\_\_  
(10-day timeline to review records begins on this date)
- How was the parent request made? (*verbally, in writing, fax, email, etc.*) \_\_\_\_\_

#### **WRITTEN NOTICE (SCHOOL'S RESPONSE TO THE PARENT REQUEST FOR EVALUATION)**

Date the written notice was sent to the parent: \_\_\_\_\_

- Request for evaluation was denied
- Request for evaluation was granted to parent OR school proposed to evaluate the student
- 20 day evaluation timeline
- 50 day evaluation timeline

#### **CONSENT FOR EVALUATION**

Date the consent for evaluation was received from the parent \_\_\_\_\_

**North Office**  
1520 Saint Charles St., #2  
Jasper, IN 47546  
Phone 812-482-6661  
Fax 812-482-9381

**South Office**  
319 S. 5<sup>th</sup> St., Room 15  
Rockport, IN 47635  
Phone 812-649-9991  
Fax 812-649-9997