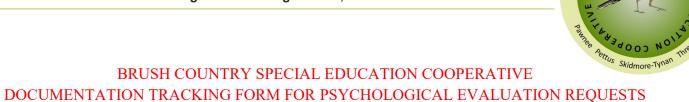
BRUSH COUNTRY SPECIAL EDUCATION COOPERATIVE

P.O. Box 534

106 Bulldog Lane Orange Grove, Texas

78372



PLEASE PROVIDE THE FOLLOWING INFORMATION TO THE CO-OP SECRETARY FOR TRACKING PURPOSES:

DISTRICT/CAMP	US:		
STUDENT'S NAME:	DA	ATE OF BIRTH:	AGE:
□ Initial Referral	□ Additional AU/ED Evaluation to Existing Sped Student		
□ AU/ED Re-Evaluation	□ NCEC (aging out)	□ ECI Transition Eva	aluation (AU/ED)
Current Eligibility:	Date of last psychological FIE (if applicable):		
Date of Consultation with LSSP:	Name of Sped Teacher	/Campus Case Mgr	
Date of REED/ARD specifying need for add	ditional evaluation:		
*Deadline for completion of Re-Evaluation	FIE:		
Kindly submit re-evaluation reque the re-evaluation is needed prior to needed so it can be scheduled act ward" to be reviewed at an Annual or consideration for change of plat" "ASAP" List the current service providers (to the triennial FIE timeline cordingly. Such events ma al Review, in cases of expe cement needed due to sev	e, please specify the date a ay include: having the eve edited situations such as fo vere behavioral concerns,	the evaluation report is raluation report "pulled for- for an MDR, NCEC birthday, etc.) DO NOT WRITE
Diagnostician's Signature:		Date Submi	tted:
ATTACH AND SUBMIT ELECTRONICALL	Y WITH THIS FORM TO E	3CC SECRETARY:	
☐ Signed copy of Consent for Eva	aluation and Notice of Eval	luation.	
□ Previous Psychological Evaluati tion Information	ion(s), Counseling Evaluat	ion(s), Medical/Psychiatri	c Information, Hospitaliza-
□ Grades, Attendance, Discipline	Referrals		
□ Any information from the REED	that should be noted:		

Phone: 361-384-2129 Fax: 361-384-2159 www.bcc.esc2.net