

REQUEST FOR EDUCATIONAL EVALUATION
(as requested by SLP)

As part of a FIE or as requested by ARD dated: _____

Student: _____ Age: _____ DOB: _____ Grade: _____

District: _____ Campus: _____ Teacher: _____

The above named student has been referred to special education for a Full Individual Evaluation or is presently being served in special education. Referral information and observation indicate the following educational/instructional functioning problem(s) that prevent(s) the student from benefiting from the education program:

Check all that apply:

☐ Student performs substantially below grade level in the area of Reading/Language Arts. (Explain) _____☐ Student performs substantially below grade level in the area of Math. (Explain) _____☐ Request is made in conjunction with an Autism Evaluation.☐ Request is made in conjunction with a Full Individualized Evaluation to be completed by: _____
Date☐ Response to Intervention documentation is attached. (Required)☐ Copy of AEPS from REED (Attached)

Consent for evaluation dated _____ is on file in the eligibility folder.

Current Eligibility: _____ Date of Eligibility: _____ (Copy attached)

SLP Signature_____
Date of Request_____
Diagnostician Signature