

Date of SLP Receipt

**BRUSH COUNTRY CO-OP*****REQUEST FOR SPEECH THERAPY EVALUATION*****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 speech/language functioning problem(s) that prevent(s) him/her from benefiting from the education program:

Check all that apply:

- ☐ Observable language problem (Explain) \_\_\_\_\_
- ☐ Difficulty understanding him/her speak (Explain) \_\_\_\_\_
- ☐ Difficulty understanding what is being said to him/her (Explain) \_\_\_\_\_
- ☐ Request is made in conjunction with an Autism Evaluation. SEM FIE due by \_\_\_\_\_ (one week prior to AU eval.)
- ☐ Request is made in conjunction with a Full Individualized Evaluation to be completed by: \_\_\_\_\_  
Date
- ☐ Response to Intervention documentation is attached. (Required)

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

**Current Eligibility:** \_\_\_\_\_ **Date of Eligibility:** \_\_\_\_\_ **(Copy attached)**\_\_\_\_\_  
Diagnostician Signature\_\_\_\_\_  
Date of Request\_\_\_\_\_  
Speech Pathologist Signature\_\_\_\_\_  
Date of SLP receipt