

John Glenn/Union North United Special Education Department

707 Washington Street
Walkerton, IN 46574
(574) 586-3184 ext. 6302

NOTIFICATION OF PARENT REQUEST FOR AN EDUCATIONAL EVALUATION

The following information must be sent immediately to the Special Education Department upon a parent request for an educational evaluation. The 10 school day timeline begins when a certified staff receives the request. Please communicate with the person making the request to ensure all information is correctly filled out. ****Please inform the person making the request that the SE Dept. will accept/deny request in 10 school days from receiving the request. Thank you for your speedy response when you have a written or verbal request for an educational evaluation.**

STUDENT'S LAST NAME:		STUDENTS TEACHER:	
STUDENT'S FIRST NAME:		MIDDLE INITIAL:	
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DOB:	GRADE:	
ETHNIC BACKGROUND: (check one) <input type="checkbox"/> American Indian <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Multiracial (please mark 2 races if multiracial)			
CORP. OF LEGAL SETTLEMENT:		SCHOOL ATTENDING:	
PARENT LAST NAME:		PARENT FIRST NAME:	
ADDRESS:	CITY:	ZIP CODE:	
HOME PHONE:	CELL PHONE:	EMAIL:	
CUSTODY: (Check One) <input type="checkbox"/> Natural Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Ward of State <input type="checkbox"/> Other:			
NAME OF PARENT MAKING THE REQUEST:			
NAME OF CERTIFIED STAFF/ <u>DATE REQUEST WAS RECEIVED</u> :			
HOW WAS REQUEST MADE TO CERTIFIED STAFF (attach if letter/email)			
IS THE STUDENT CURRENTLY RECEIVING INTERVENTIONS? IF SO, WHAT ARE THE INTERVENTIONS?			
CONCERNS OF THE PERSON MAKING THE REQUEST:			