

Polo R-VII School District
300 W School Street
Polo, MO 64671

660-354-2326 ext 103 for Special Education Director

Request for Consideration for Initial Special Education Evaluation

Step 1:

Student Information

Student's Name _____ Date of Birth _____
Age _____ Grade _____ Homeroom Teacher _____
Parent/Guardian Name _____
Address _____
Home Phone _____ Work Phone _____

Individuals(s) Making Request:

Individual(s)	Role(s)
_____	_____
_____	_____
_____	_____

(OFFICE USE ONLY) Agency Staff Receiving Request:

Date Request received _____
Name of Agency staff who received request _____
Form in which request received written verbal

Description of the concerns of the individual(s) that prompted this request:

Area of concern:	Describe specific concerns for the student:
<input type="checkbox"/> Health/Motor	
<input type="checkbox"/> Vision	
<input type="checkbox"/> Hearing	
<input type="checkbox"/> Speech (articulation/voice/fluency)	
<input type="checkbox"/> Language (communication)	
<input type="checkbox"/> Intellectual/Cognitive and Adaptive Behavior	
<input type="checkbox"/> Social/Emotional/Behavioral	
<input type="checkbox"/> Academic/Pre-Academic	Below expected achievement in <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Written Expression (describe below):
<input type="checkbox"/> Vocational/Transitional	
<input type="checkbox"/> Other	

Step 2

(OFFICE USE ONLY) District Decision regarding the suspicion of a disability:

Describe factors considered: (e.g. attendance, grades, discipline history, second language influence, lack of instruction, medical concerns, etc.)

Disability is not suspected

Disability may exist and is suspected

Step 3

Referral for Evaluation

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Course of Action Selected by District (Check Appropriate Boxes)

PARENT REFERRAL

Provide Referral Date*: _____.

(*This is the date a member of the district's certificated staff received a verbal or written request from the parent).

Procedural Safeguards Given to Parents on:

_____ (Within 5 school days after referral.)

- The district determined that an evaluation is not warranted and will provide the parents with a Notice of Action Refused.

-OR-

- The district determined that an evaluation is warranted.

DISTRICT PERSONNEL REQUEST EVALUATION:

- The district determined that an evaluation is not warranted.

-OR-

- The district determined that an evaluation is warranted. Provide date on which decision was made to evaluate*:

_____.

(*This date becomes the Referral Date)

Procedural Safeguards Given to Parents on:

_____ (Within 5 school days after referral.)

Names/Roles of Personnel Making Above Determination:

Name(s)

Role(s)
