

ST. MARTIN PARISH SCHOOL BOARD
SPECIAL SERVICES
701 West Bridge Street
Breaux Bridge, Louisiana 70517

(337)332-3388 / (337)394-3226

FAX: (337)332-4086

REQUEST FOR RELATED SERVICE EVALUATION

Name: _____ School: _____

Teacher: _____ Grade: _____ D.O.B. _____

IEP Meeting Date: _____ Requested by _____

The following evaluation/screening is requested by the IEP committee:

- Speech/Language Therapy
- Occupational Therapy
- Physical Therapy
- Health Services
- Counseling
- Adaptive P.E.
- Assistive Technology
- Orientation & Mobility
- Vision Services
- _____

The IEP committee agrees that this is necessary because of the following reasons:

I give permission for a pupil appraisal team member to evaluate/screen my child in the above checked areas. I understand that these results and any placement considerations will be explained to me.

Parent/Guardian signature

Date

*****THIS FORM MUST BE SUBMITTED WITHIN 5 DAYS OF IEP MEETING.*****

***** OFFICE USE ONLY *****

Date rec'd by PA Facilitator _____ Assigned to: _____ on _____

Completed on _____ Returned to: _____ on _____

Pupil Appraisal Facilitator: _____ Date: _____