



Eanes ISD

Parental Request for a Full and Individual Evaluation (FIE) through Special Education

In order to process, send request to mmay@eanesisd.net AND your campus administrator

Student Name	School
Grade	Date of Birth
Person Making the Request	Date of Request
Email	Phone

Please indicate specific reasons/concern for requesting evaluation (including academic, behavioral and/or social-emotional concerns)

Parent/guardian will receive a response to this request within fifteen (15) school days.

-----Admin Use Only-----

Administrator Receiving Request: _____
Date Received: _____
Date Notice of Decision Sent to Parent: _____
Procedural Safeguards included with Notice: Yes No