



HAWTHORN SCHOOL DISTRICT 73

REQUEST FOR EVALUATION

(For Educational and Related Services from Age 3 to 15)

Name of Child (Last, First, Middle):			
Date of Birth:	Age:	Male__Female__	Grade:
Current School			
Child's Home Address:			
Name of Father or Legal Guardian	Home Phone	Cell Phone	Emergency Phone
Name of Mother or Legal Guardian	Home Phone	Cell Phone	Emergency Phone
Name of Requester:		Relationship to this Child:	
Language Most Often Used by Child:		Language Most Often Used at Home:	

Reason for Request: Please check area (s) of concern and attach any additional information.			
<input type="checkbox"/> Academic	<input type="checkbox"/> Behavior	<input type="checkbox"/> Fine Motor	<input type="checkbox"/> Gross Motor
<input type="checkbox"/> Health	<input type="checkbox"/> Hearing	<input type="checkbox"/> Speech/Language	<input type="checkbox"/> Vision
<input type="checkbox"/> Other:			
Please provide a detailed description of your concerns for a request for Special Education Assessment:			

If parent/guardian requires special accommodations (e.g. language interpretation) to attend/participate in Meetings, please describe

_____ Signature of Requester	_____ Date
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Please submit a hard copy of this form to the Department of Special Services or your students Building Principal.