

Union County Educational Services Commission
Request for Bilingual Child Study Team Evaluations / Services

Student Information

Student Name: _____ School: _____ Language Spoken: _____

Gender: M / F Date of Birth: _____ Grade: _____ Classification (if applicable): _____

Parent/Guardian Information

Guardian(s) Name(s): _____ Phone: _____

Address: _____ City: _____ Zip: _____

Has parental consent been obtained for the evaluations? Yes _____ No _____ Date: _____

Are parents aware that evaluations will be conducted by independent contractor(s)? Yes _____ No _____

Evaluation/Service Request Information

Evaluation(s) Requested: Psychological _____ Educational _____ Social _____ Speech _____ Other: _____

Reason for Eval: Initial _____ Re-evaluation _____ Preschool Exit _____ Transition Planning: _____ Other: _____

Evaluation Reports Needed by (date): _____ **Can Evaluations be conducted evenings/weekends:** Y / N

Meeting Attendance Requests (Please include disciplines and possible dates/times): _____

Scheduling: Consultants should contact _____ for testing at _____
(Name) (Phone and/or email)

Other District Requests/Concerns (including specific assessment requests, bilingual evaluator requests or student information) :

District Information

School District Name & Address: _____

District Educational Contact: Name: _____ Title: _____

Phone: _____ Email: _____

Sending District Representative Signature Title Date

The above signature indicates consent for Union County Educational Services Commission to complete all indicated evaluations at the rate(s) indicated on the attached fee schedule.

UCESC Office Use Only

Consultant(s) Name(s)	Discipline	Contact Information	Date Assigned

Date of Case Completion: _____ Billed: _____