

## Special Education Assessment Request

**Child's Information:**

Name:	Date of Birth:	Grade Level:
Street Address:	City:	Zip Code:
Phone:	Primary language:	Secondary Language (if applicable):

**Parent/Guardian Contact Information:**

Name:	Relationship to Child:
Phone:	Email:

**Reason for request:**

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**Consent:**

I understand that I will receive a response from Santa Clara Unified School District within the timeline as required by federal law.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For School Use Only:

Received By:	Date:
School Site:	Time: