



## Private School 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):

### School's Information (if applicable):

School Name: _____
Address: _____
Zip Code: _____ Phone #: _____ Fax #: _____

### 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: \_\_\_\_\_