West Irondequoit School District Pupil Personnel Services
REQUEST FOR STUDENT SERVICES

DATE: Click here to enter a date. DATE RECEIVED PPS ________

STUDENT NAME: ___ DOB: _ AGE:
ADDRESS: _ PARENTS' NAMES:
SCHOOL: PHONE NUMBER:
GRADE: __

REFERRAL FOR:
☐Psychological Evaluation ☐Speech/Language Evaluation ☐Attention Study
☐Educational Evaluation ☐Occupational Therapy Evaluation ☐FBA
☐Social History ☐Physical Therapy Evaluation ☐Other
NAME OF EVALUATOR(S):

REFERRAL MADE BY:
PARENT CONTACTED REGARDING THIS REFERRAL BY: ______ DATE:
IS THE CHILD ALSO REFERRED TO CSE? No

BRIEFLY COMPLETE THE FOLLOWING:

1. Please describe the student's strengths.
Click here to enter text.

2. Please describe concerns.
Click here to enter text.

3. Please describe intervention, instructional strategies, and services that have been attempted to date.
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4. Please list previous evaluations that have been completed.
Click here to enter text.

5. Please describe previous services and any other pertinent background information.
Click here to enter text.

*If student is suspected of having a disability, completion of district parental consent is required for evaluation.

PRINCIPAL: Click here to enter text. DATE APPROVED BY PRINCIPAL: Click here to enter a date.

SUBMITTED BY: Click here to enter text.

CC Assigned Evaluators, PPS Office, School

CC/KB 2013