

Notice of Psychological Special Request

(Please Circle): **ED** or **AU**

Student's Next FIE Due Date: _____

Name of Person Initiating This Request: _____

STUDENT INFORMATION:

Name of Student (*Print*) _____ D.O.B. _____

BISD Student ID# _____ Campus _____

Grade _____ Current Disability/ies _____

Parent/Guardian Name _____

Primary Phone # _____ Alternative Phone # _____ Work # _____

DOCUMENTATION REQUIRED: For questions concerning required documents, contact the LSSP assigned to school.

_____ Discipline referrals

_____ Positive Behavior Support Plan and/or Behavior Intervention Plan

_____ Copy of Independent Psychological evaluation or Other Independent Evaluations (if applicable)

_____ Attendance Records and Report Card

_____ Notes from Behavior Specialist

_____ Notes from General Education Counselor

****The LSSP will coordinate with other assessment staff to address needed assessments and to schedule an ARD once the FIE is complete.***

Signature

Telephone number

Date