Thief River Falls Public Schools 230 LaBree Avenue South Thief River Falls, MN 56701	**Special Education Evaluation Parent Request**

Student Name:_____ Grade:_____ Date of Birth:_____

General Education Teacher(s) :_____

School:_____

Parent(s)_____ Address_____

City:_____ Phone:_____

Form Completed by:_____ Date:_____

---------- ***Please check one box:***

☐ I would like interventions to be implemented in the regular education classroom prior to a special education referral.

OR

☐ I would like to have my child evaluated for special education.

Please complete the form below. The information will assist us in determining interventions and/or evaluation measurements to choose in order to help your child. Please return to your child's classroom teacher.

STUDENT LIVES WITH ☐ BOTH PARENTS ☐ MOTHER ☐ FATHER ☐ FOSTER PARENT ☐ RELATIVE ☐ PEERS/ON OWN	PERSON LIVING IN THE STUDENT'S HOME
	Name Relationship to child Age
	FAMILY MEMBERS NOT PRESENT IN THE HOME
	Name Relationship to child Age

What language does the child speak at home?_____

What language is the primary language of the primary caregiver?_____

If applicable, how many hours of the day is s/he hearing and using both the native language and English? _____

1. What are your child's strengths and interests?
☐ Positive Attitude ☐ Video Games ☐ Fine Art Skills
☐ Motivated ☐ Crafts/Designing ☐ Cooperative
☐ Stick-to-it-ness ☐ Hunting/fishing ☐ Animals and Nature
☐ Seeks information ☐ Building/Construction ☐ Biking/Skateboard
☐ Future Oriented ☐ Music and/or Dance ☐ Other special interests. Please list below: ☐ Athletic Skills
☐ Writing and/or Reading
☐ Social Skills ☐ Science and/or Math
☐ Leader ☐ Cars/Bikes/Engines
☐ Verbal Skills ☐ Collecting _____
☐ Engages adults ☐ Computers/Electronics

2. Were there any unusual complications during the pregnancy or birth of this child?
☐ Yes ☐ No If yes, please explain:

3. Were the developmental stages such as walking, sitting, etc. for this child within normal ranges?
☐ Yes ☐ No If no, please explain:

4. Has the child experienced any of the following problems during the first **6** years of life?

Communication: Motor: Eating Patterns:
☐ Unclear speech ☐ Walking ☐ Underweight (eating too little) ☐ Responding to his/her name ☐ Riding bike ☐ Overweight (eating too much) ☐ Eye contact ☐ Skipping
☐ Doesn't smile when smiled at ☐ Throwing

Behavior/Emotions:
☐ Separating from parents ☐ Oppositional ☐ Pays attention for only a short time ☐ Colic ☐ Prefers to play alone
☐ Odd behavior ☐ Temper tantrums ☐ Uninterested in other children ☐ Unusual attachment to objects ☐ Hyperactive ☐ Easily distracted ☐ Excessive crying

Sleep Patterns: Other:
☐ Sleeping too much ☐ _____
☐ Sleeping too little

5. Does anyone in your family have a history of any of the following concerns? Please check all that apply.
☐ Learning ☐ Medical ☐ Physical ☐ Psychological
Please explain:

6. Have others expressed a concern regarding your child (relatives, day care, friends)?
☐ Yes ☐ No If yes, please explain:

7. Do you feel your child's school problem(s) is (are) the results of a cultural or other misunderstanding?
☐ Yes ☐ No If yes, please explain:

8. Have you tried anything to help your child at home such as reading aloud, sitting with your child at homework time, etc.? ☐ Yes ☐ No If yes, please explain:

9. Does your child have any medical, physical, or psychological conditions? Please check all that apply even if they are not currently present. For items checked, please provide an explanation. Indicate medication if applicable.

	Medication	Explanation
☐ Vision		
☐ Hearing		
☐ Attention Deficit Disorder		
☐ Head Injury		
☐ Asthma		
☐ Allergies		
☐ Diabetes		
☐ Mental Health Concerns		
☐ Cerebral Palsy		
☐ Seizures		
☐ Other		

10. Many learning problems in childhood are temporary and may be brought on by changes in the life of a child and his or her family. Indicate which of the following events have occurred in your family. Please check all that apply.

Event	Year	Describe
☐ Move to a new home		
☐ Change of school		
☐ Repetition of grade		
☐ Serious illness in family		
☐ Death in family		
☐ Divorce/separation of parents		
☐ Change in hours parent(s) are home		
☐ Loss of job		
☐ Parent began work out of home		
☐ Brother or sister left home		
☐ Marriage of brother or sister		
☐ New person joined the family		
☐ Neighborhood concerns		
☐ Chemical or alcohol use		
☐ Homelessness		
☐ Foster home placement		