

Holden R-III School District
1612 South Main
Holden, MO 64040
(816) 850-4444 ext 3121

Request for Consideration for Initial Special Education Evaluation

Step 1

Student Information:

Student Name: _____ Date of Birth: ____/____/____

Age: _____ Grade: _____ Homeroom Teacher: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: (____) _____ Work Phone: (____) _____

Individual(s) Making Request:

Individual(s)

Role(s)

Agency Staff Receiving Request:

Date Request Received: ____/____/____

Agency Staff & Title Who Received Request:

Form in which request was received: ☐ written ☐ verbal

Description of the concerns of the individual(s) that prompted this request:

Area of Concern	Describe specific concerns for the student
Health	
Motor, Gross	
Motor, Fine	
Vision	
Hearing	
Communication - Speech	
Communication - Language	
Social/Emotional	
General Intelligence	

Adaptive Behavior	
Academic	
Post-Secondary Transition	
Assistive Technology	
Other	

Comments:

Step 2

District Decision regarding the suspicion of a disability:

Describe all factors considered: (e.g. attendance, grades, discipline history, second language influence, lack of instruction, medical concerns, etc)

Based upon factors described above, the following decision is made:

☐ Disability is not suspected ☐ Disability may exist and is suspected

Complete Referral for Evaluation based on this decision

Referral for Evaluation

Course of Action Selected by District (Check Appropriate Boxes)

☐ Parent Referral Provide Referral Date*: _____ <i>(*This is the date a member of the district's certificated staff received a verbal or written request from the parent.)</i> Procedural Safeguards Given to Parents on: _____ (Within 5 school days after referral.) ☐ The district determined that an evaluation is not warranted and will provide the parents with a Prior Written Notice Refused. <p style="text-align: center;">-OR-</p> ☐ The district determined that an evaluation is warranted.	☐ District Personnel Request Evaluation ☐ The district determined that an evaluation is not warranted. <p style="text-align: center;">-OR-</p> ☐ The district determined that an evaluation is warranted. Provide date on which decision was made to evaluate*: _____ (*This date becomes the Referral Date) Procedural Safeguards Given to Parents on: _____ (Within 5 school days after referral.)
<u>Name(s)/Role(s) of Personnel Making Above Determination:</u>	
Name(s)	Role(s)
_____	_____
_____	_____
_____	_____
_____	_____