

The School Board of Broward County, Florida | Parentally Placed Private School Students

REQUEST FOR SPECIAL EDUCATION SERVICES FORM

ATTENTION - To request an initial evaluation, re-evaluation, private school services, or matrix review for a *child attending an eligible private school with the FLDOE*:

1. Fill out this REQUEST FOR SPECIAL EDUCATION SERVICES form. Sign form using your handwritten signature
2. Fill out the BCPS Registration Form. Sign form using your handwritten signature;
3. Fill out Release of Information Form. 3rd and 4th lines: Add private school name, address, and phone number. 5th line: Add your child's full name. 6th line: child's DOB. 7th line: print your name. 8th 9th lines: sign your handwritten signature and date. 10th line: Add relationship to child;
4. Get a copy of your child's birth certificate;
5. Get a copy of registering parent ID such as driver's license. Current proof of address needed if student home address is different than driver's license;
6. If your child has private / public school evaluation, IEP from a public school, please share with us;
7. Fill out the Parent Information Form – only if requesting an initial evaluation;
8. Email the complete packet: Forms 1, 2, 3, 7 (only if initial evaluation) and documents 4, 5, 6, to esepss@browardschools.com or fax to 754-321-3448.
9. Sending a complete packet will speed up your request. If there are missing forms and/or missing information on the forms, an email from esepss@browardschools.com will be sent to you.

Above directions and/or forms can be accessed from <https://www.browardschools.com/Page/41043>

Email esepss@browardschools.com or call 754-321-3453 for questions

Parent Request (check all that apply): ☐ Initial Evaluation ☐ Private School Services ☐ Re-evaluation ☐ Matrix Review
☐ Continue evaluation from previous school

Student Full Name _____

Student Date of Birth _____ Gender M ☐ F ☐ Current grade level _____ If retained, what grade level _____

Parent Full Name _____ Relationship to student _____

Student Home Address (include city and zip) _____

Cell Phone # _____ Parent Email _____ Parent preferred language _____

Name of PRIVATE SCHOOL child is currently attending _____

Principal's Name _____ Teacher's Name _____ If on a scholarship, what type? _____

Private school address (include city and zip) _____ Phone _____

Did your child ever attend a public school in Broward County? YES ☐ NO ☐ How did you hear about these services? _____

Has your child ever been evaluated by ANY public school district? YES ☐ NO ☐ If yes, name of public school district _____

Has your child had an Individual Education Plan (IEP) developed by ANY public school district? YES ☐ NO ☐

Do you have a private evaluation for your child? YES ☐ NO ☐ Feel free to email us any public / private school evaluation, IEP, etc.

What are your concerns with your child? _____

Parent's Handwritten Signature _____ Date _____

(not valid unless signed)

REMINDER: Review directions on top of page. Email the COMPLETE packet to esepss@browardschools.com or fax to 754-321-3448

Sending a complete packet will speed up your request. Keep a copy of all documents sent to us for your records

REMINDER – Be sure to include in your Request for Special Education Services Packet all these completed forms and documents:

1. REQUEST FOR SPECIAL EDUCATION SERVICES form. Sign form using your handwritten signature;
2. BCPS Registration Form. Sign form using your handwritten signature;
3. Release of Information Form. 3rd and 4th lines: Add private school name, address, and phone number. 5th line: Add your child's full name. 6th line: child's DOB. 7th line: print your name. 8th 9th lines: sign your handwritten and date. 10th line: Add relationship to child;
4. Copy of your child's birth certificate;
5. Copy of registering parent ID such as driver's license. Current proof of address needed if student home address is different than driver's license;
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