



HOUSTON INDEPENDENT SCHOOL DISTRICT
 Office of Special Education Services
 Hattie Mae White Educational Support Center
 4400 West 18th Street
 Houston, TX 77092
 (713) 556-7025

Date:

**STUDENT EVALUATION VERIFICATION DOCUMENT
 for parentally placed private school students**

Student Information

Name: _____ DOB: _____ Grade: _____
 Referral Source: _____ AGE: _____
 Ethnicity: Hispanic/Latino Not Hispanic/Latino
 Student Race: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian/Other Pacific Islander White

Currently Attending Private School:

Parent Information

Parent(s) Name: _____
 Phone Number: _____
 Parent e-mail: _____
 Address: _____ City&State: _____ Zip: _____

Major Area(s) of Suspected Disability (Check all that apply.)

Academic Learning (i.e., dyslexia, learning disability)	Developmental (i.e., intellectual disability, autism)
Communication (i.e., speech or articulation impairment)	Health

Is there a current medical condition?

NOTE