The School Board of Broward County, Florida | Parentally Placed Private School Students
REQUEST FOR SPECIAL EDUCATION SERVICES PACKET

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 line:** Add private school name. **4th line: A**dd private school address and phone number. **5th line:** Add your child's full name. **6th line:** Add your child's DOB. **7th line:** print your name. 8th and 9th lines: sign your handwritten signature and date. **10th line:** Add relationship to your 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** _____

Cell Phone # _____ **Parent Email** _____ **Parent preferred language** _____

Student Home Address (include city and zip) _____

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? Circle 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 line**: Add private school name. **4th line**: Add private school address and phone number. **5th line**: Add your child's full name. **6th line:** Add your child's DOB. **7th line**: print your name. **8th and 9th lines:** sign your handwritten signature and date. **10th line**: Add relationship to your 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;**

6. **If your child has private / public school evaluation, IEP from a public school, please share with us;**

7. **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