

**SOUTH BEND COMMUNITY SCHOOL CORPORATION  
SPECIAL EDUCATION DEPARTMENT**

**RECORD OF PARENTAL REQUEST FOR EVALUATION  
(50 Day Timeline)**

Student's name: \_\_\_\_\_ DOB: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
ID# \_\_\_\_\_ STN# \_\_\_\_\_  
Parent's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Date of Request:** \_\_\_\_\_  
**Certified Personnel\*** who received Request for Evaluation: \_\_\_\_\_  
How Request was received: \_\_\_\_\_  
Suspected Disability (ies): \_\_\_\_\_

**PARENT**

*If the parent makes the Request for an evaluation in person at the school, please have the parent sign below.*

I am requesting a multi-disciplinary team evaluation for my child, \_\_\_\_\_,  
DOB: \_\_\_\_\_. I suspect that my child may have a disability because \_\_\_\_\_

I understand that within 10 school days, I will receive Written Notice informing me whether the school proposes or refuses to evaluate my child. At that time, if the school makes a recommendation to proceed with the evaluation, I will be asked to provide written consent for this evaluation.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
.....  
.....

*If the parent does not make the Request in person at the school, the certified personnel who received the Request must document at the top of this page, his/her name and the date of the request, and the suspected disability. It is not necessary to have the parent sign this form.*

**THIS COMPLETED FORM MUST BE IMMEDIATELY FORWARDED TO THE ADMINISTRATIVE ASSISTANT (PC/IC)/Guidance Director (HS), who will distribute the Classroom Teacher Report and distribute copies of this page to those on the CC list.**

Date distributed to Teacher: \_\_\_\_\_

**CLASSROOM TEACHER**

The parent of the above named student has requested an educational evaluation to determine if the student is eligible for special education and related services.

The attached *CLASSROOM TEACHER REPORT* **MUST** be completed and returned it to the school psychologist within **3 school days** (due \_\_\_\_\_). This information will be used by the psychologist to assist in determining if the school will conduct the evaluation. The parent must be informed of this decision within 10 school days of the Request.

\* = principal, guidance counselor, teacher, psychologist, speech/language pathologist

Cc: Parent, Teacher, Cum, Psychologist/Sp.Ed. file, Principal