South Bend Community School Corporation  
Special Education Services  

Record of Parental Request For Evaluation  
Language or Speech Impaired  

Student’s name: _________________________________  ID#:__________________  STN#:__________________  

School: ___________________  Grade: __________  Teacher: ______________________  DOB: __________  

Parent’s name: __________________________________________  
Address: ____________________________________________________________________________  

Request for Evaluation received by: ____Speech-language Pathologist  ____ other Certified Personnel (specify): 
Date of Request: ________________________  

How Request was received: ____________________________________________________________  

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 ___ language and/or ___ speech evaluation for my child, 
__________________________, DOB: _____________________.  I suspect that my child may have a ___ language 
___ speech impairment 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.  It is not necessary to have the 
parent sign this form.  

THIS COMPLETED FORM MUST BE IMMEDIATELY FORWARDED TO THE SPEECH-LANGUAGE 
PATHOLOGIST, who will distribute the LI/SI Classroom Teacher Report and distribute copies of this page 
to those on the CC list.  

Classroom Teacher:  
The parent of the above named student has requested an educational- language and/or speech -evaluation to 
determine if the student is eligible for special education and related services (therapy).  
The attached LI/SI CLASSROOM TEACHER REPORT MUST be completed and returned to the speech-language 
pathologist within 3 school days (due __________).  This information will be used by the SLP 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.  

Cc:  Parent, Cum, Speech/language file  

8/18/12