REQUEST FOR ADDITIONAL EVALUATION

DOCUMENTED ON THE INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student's Full Name	Date	
School	Date of Birth	
Parent(s)/Guardian(s)	Grade	
Address	WVEIS#	
City/State/Zip	Telephone	
Dear Parent(s)/Adult Student:		
Your permission is requested to conduct an evaluation to evaluation, a meeting will be scheduled to discuss the evaluation.	determine the student's educational needs. Upon complealuation results.	tion of the
	nals and will include the areas checked below. A written of smay be used to adjust the student's educational services	
Assistive Technology	☐ Achievement	
☐ Seating, Positioning & Mobility	☐ Functional Behavioral Assessment (FBA)	
Communication	☐ Functional Listening Evaluation	
Computer Access	☐ Functional Vocational Evaluation	
☐ Motor Aspects of Writing	☐ Motor Skills	
☐ Composition of Written Material	Occupational Therapy	
Reading	☐ Physical Therapy	
☐ Math	Observation	
Organization	☐ Orientation and Mobility	
☐ Recreation & Leisure	☐ Speech and/or Language Evaluation	
☐ Vision		
☐ Hearing		
☐ General & Daily Living Skills		
Other (Please specify)		
Program (IEP) regarding the student. I understand the corights within this school year. Check one:	ditional Evaluation as documented on the Individualized Fontents and the implications of this notice and have received *REQUIRED* Received by school/count	ed a copy of my
I give permission for the additional evaluation.	Date Perso	onnel
I wish to schedule a conference before I decide.	Dute 1 clsc	onner .
Do not do the additional evaluation.	•	
Parent/Adult Student Signature Da	te	

Please return this signed form within 5 days and retain a copy for your records.