

## Joint Educational Services in Special Education

324 N. Kingston Rd., P.O. Box 418

Plymouth, IN 46563

574-936-2627 800-388-0054

Fax: 574-936-8184

### NOTIFICATION OF REQUEST FOR EDUCATIONAL EVALUATION

The following information must be sent immediately upon a parent request for an educational evaluation for a student. This page must be faxed immediately to JESSE and will begin the 10 school day timeline to review all records. This specific information is required to enter the data into the State computer system.

Thank you for your speedy response when you have a written or verbal request for an educational evaluation.

<b>STUDENT LAST NAME:</b>		<b>STN:</b>	
<b>STUDENT FIRST NAME:</b>		<b>MIDDLE INITIAL:</b>	
<b>GENDER:</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>BIRTHDATE:</b>		<b>GRADE:</b>
<b>ETHNIC BACKGROUND:</b> <i>(check one)</i> ___ American Indian or Alaskan Native ___ Asian or Pacific Islander ___ Hispanic ___ Black American ___ White (non-Hispanic) ___ Multiracial			
<b>SCHOOL OF RESIDENCE:</b>		<b>SCHOOL ATTENDING:</b>	
<b>PARENT(S) NAME:</b>			
<b>ADDRESS:</b>		<b>CITY:</b>	<b>ZIP CODE:</b>
<b>HOME PHONE:</b>	<b>WORK PHONE:</b>	<b>EMERGENCY CONTACT PHONE:</b>	
<b>CUSTODY:</b> <i>(check one)</i> ___ Natural parents ___ Maternal parent ___ Paternal parent ___ Foster parent(s) ___ Ward of Court ___ Ward of DPW ___ Ward of DMH ___ Nursing Home ___ Other _____			
<b>NAME OF PARENT:</b>			
<b>DATE REQUEST WAS RECEIVED BY CERTIFIED SCHOOL PERSONNEL:</b>			
<b>HOW WAS REQUEST MADE TO CERTIFIED SCHOOL PERSONNEL?</b> <i>(If in writing, include with fax)</i>			
<b>OTHER INFO.:</b>			

**PRINCIPAL SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_