

Joint Educational Services in Special Education

1101 South Michigan Street, PO Box 418

Plymouth, IN 46563

574-936-2627 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.

STUDENT'S LAST NAME:		STN:
STUDENT'S FIRST NAME:		MIDDLE INITIAL:
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DOB:	GRADE:
ETHNIC BACKGROUND: (CHECK ONE) <input type="checkbox"/> American Indian <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Multiracial (Please mark one other race)		
CORP OF LEGAL SETTLEMENT:	SCHOOL ATTENDING:	
PARENT(S) NAME:		
ADDRESS:	CITY:	ZIP CODE:
HOME PHONE:	EMERGENCY #:	WORK PHONE:
CUSTODY: (CHECK ONE) <input type="checkbox"/> Natural Parent <input type="checkbox"/> Maternal Parent <input type="checkbox"/> Paternal Parent <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Ward of Court <input type="checkbox"/> Ward of DPW <input type="checkbox"/> Ward of DMH <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other _____		
NAME OF PARENT MAKING THE REQUEST:		
DATE REQUEST WAS RECEIVED BY CERTIFIED STAFF:		
NAME OF CERTIFIED STAFF WHO RECEIVED THE REQUEST:		
HOW WAS REQUEST MADE TO CERTIFIED STAFF? (If in writing, please include with the fax.)		
ADDITIONAL INFORMATION:		

PRINCIPAL SIGNATURE: _____

DATE: _____