Parental Request for a Special Education Evaluation
Or Classroom Interventions

Student Name:_____ Grade:_____ Date of Birth:_____

General Education Teacher(s) :_____

School:_____

Parent(s)_____ Address_____

City:_____ Phone:_____

Form Completed by:_____ Date:_____

Please check the appropriate box: (only 1)

❒ **I have reason to believe that my child has special needs that require special education and related services. I would like to have my child evaluated for special education.**

OR (Not both)

❒ **I have reason to believe that my child has academic or behavioral needs. I would like interventions to be implemented in the regular education classroom.**

Please complete the form below. The information will assist us in determining interventions and/or evaluation measurements to choose in order to help your child. Please return to your child's classroom teacher.

STUDENT LIVES WITH	PERSON LIVING IN THE STUDENT'S HOME		
❒ BOTH PARENTS	Name	Relationship to child	Age
❒ MOTHER			
❒ FATHER			
❒ FOSTER PARENT	FAMILY MEMBERS NOT PRESENT IN THE HOME		
❒ RELATIVE	Name	Relationship to child	Age
❒ PEERS/ON OWN			

What language does the child speak at home?_____

What language is the primary language of the primary caregiver?_____

If applicable, how many hours of the day is s/he hearing and using both the native language and English? _____

1. What are your child's strengths and interests?

❒ Positive Attitude
❒ Motivated
❒ Stick-to-it-ness
❒ Seeks information
❒ Future Oriented
❒ Athletic Skills
❒ Social Skills
❒ Leader
❒ Verbal Skills
❒ Engages adults
❒ Video Games
❒ Crafts/Designing
❒ Hunting/fishing
❒ Building/Construction
❒ Music and/or Dance
❒ Writing and/or Reading
❒ Science and/or Math
❒ Cars/Bikes/Engines
❒ Collecting _____
❒ Computers/Electronics
❒ Fine Art Skills
❒ Cooperative
❒ Animals and Nature
❒ Biking/Skateboard
❒ Other special interests. Please list below:

2. Were there any unusual complications during the pregnancy or birth of this child?
❒ Yes ❒ No If yes, please explain:

3. Were the developmental stages such as walking, sitting, etc. for this child within normal ranges?
❒ Yes ❒ No If no, please explain:

4. Has the child experienced any of the following problems during the first **6** years of life?

Communication:
❒ Unclear speech
❒ Responding to his/her name
❒ Eye contact
❒ Doesn't smile when smiled at

Motor:
❒ Walking
❒ Riding bike
❒ Skipping
❒ Throwing

Eating Patterns:
❒ Underweight (eating too little)
❒ Overweight (eating too much)

Behavior/Emotions:
❒ Separating from parents
❒ Colic
❒ Temper tantrums
❒ Hyperactive
❒ Oppositional
❒ Prefers to play alone
❒ Uninterested in other children
❒ Easily distracted
❒ Pays attention for only a short time
❒ Odd behavior
❒ Unusual attachment to objects
❒ Excessive crying

Sleep Patterns:
❒ Sleeping too much
❒ Sleeping too little

Other:
❒ _____

5. Does anyone in your family have a history of any of the following concerns? Please check all that apply.
❒ Learning ❒ Medical ❒ Physical ❒ Psychological
Please explain:

6. Have others expressed a concern regarding your child (relatives, day care, friends)?
❒ Yes ❒ No If yes, please explain:

7. Do you feel your child's school problem(s) is (are) the results of a cultural or other misunderstanding?
❒ Yes ❒ No If yes, please explain:

8. Have you tried anything to help your child at home such as reading aloud, sitting with your child at homework time, etc.? ❒ Yes ❒ No If yes, please explain:

9. Does your child have any medical, physical, or psychological conditions? Please check all that apply even if hey are not currently present? For items checked, please provide explanation. Indicate medication if pplicable.

	Medication	Explanation
❒ Vision		
❒ Hearing		
❒ Attention Deficit Disorder		
❒ Head Injury		
❒ Asthma		
❒ Allergies		
❒ Diabetes		
❒ Mental Health Concerns		
❒ Cerebral Palsy		
❒ Seizures		
❒ Other		

10. Many learning problems in childhood are temporary and may be brought on by changes in the life of a child and his or her family. Indicate which of the following events have occurred in your family. Please check all that apply.

Event	Year	Describe
❒ Move to a new home		
❒ Change of school		
❒ Repetition of grade		
❒ Serious illness in family		
❒ Death in family		
❒ Divorce/separation of parents		
❒ Change in hours parent(s) are home		
❒ Loss of job		
❒ Parent began work out of home		
❒ Brother or sister left home		

❒ Marriage of brother or sister		
❒ New person joined the family		
❒ Neighborhood concerns		
❒ Chemical or alcohol use		
❒ Homelessness		
❒ Foster home placement		
❒ Court placement		
❒ Involvement with the law		
❒ Family member in counseling		
❒ Other		

11. What is your child's current school performance in the following areas (please check all that apply)?

Academic

❒ Difficulty in reading
❒ Difficulty in mathematics
❒ Difficulty in spelling
❒ Difficulty in writing
❒ Does not complete assignments
❒ Does not report homework accurately
❒ Difficulty remembering
❒ Does poorly on tests
❒ Poor grades
❒ No learning problems

Communication

❒ Talks like a younger child
❒ Speech is hard to understand
❒ Has difficulty telling about his/her day
❒ Has trouble following directions
❒ Doesn't get or understand what I tell him/her
❒ Has a hoarse voice all the time
❒ Has trouble saying sounds
❒ Stutters
❒ Verbally expresses himself/herself clearly

Large and Small Muscle Skills

❒ Difficulty with swallowing/eating/drooling
❒ Difficulty running or riding bike
❒ Clumsy; falls easily
❒ Difficulty catching a ball
❒ Difficulty controlling pencil/poor handwriting
❒ Difficulty picking up small items
❒ No problems with large or small muscle activities

Hearing and Vision

❒ Has tubes in ear
❒ Wears hearing aid
❒ Passed last hearing screening
❒ Wears glasses
❒ Has glasses but does not wear them
❒ Passed last vision screening

Health Condition

❒ Allergies
❒ Earaches
❒ Frequently ill
❒ Headaches
❒ Stomaches
❒ Generally healthy

Social, Emotional and Behavioral Skills

❒ Difficulty making or keeping friends
❒ Destroys property
❒ Unusual behavior
❒ Pays attention for only a short time
❒ Uncooperative
❒ Unusually active
❒ Easily frustrated/upset
❒ Impulsive, acts before thinking
❒ Generally unhappy
❒ Gets along well with adults and children

Self Help Skills

❒ Has difficulty with personal care
❒ Helps with tasks at home that are appropriate for a child this age

11. Rate your child's performance at home or in the community on the following items:				
	Does Very Well	Occasionally requires parent assistance	Always requires parent assistance	NA
Follows two to three step directions (S)	❒	❒	❒	❒
Remembers (S)	❒	❒	❒	❒
Organizes well (O)	❒	❒	❒	❒
Uses planning skills (O)	❒	❒	❒	❒
Understands what he/she reads (A)	❒	❒	❒	❒
Understands what he/she sees (A)	❒	❒	❒	❒
Understands what he/she hears (A)	❒	❒	❒	❒
Learns a new game (A)	❒	❒	❒	❒
Recalls events from the school day (R)	❒	❒	❒	❒
Recalls specifics from a special event (R)	❒	❒	❒	❒
Reads aloud (R)	❒	❒	❒	❒
Carries on a conversation (E)	❒	❒	❒	❒
Handwrites (E)	❒	❒	❒	❒
Explains something that he/she learns (M)	❒	❒	❒	❒

Thank You for your input!!
Please return to your child's classroom teacher.