



Request for Special Education Evaluation

ALPENA-MONTMORENCY-ALCONA
EDUCATIONAL SERVICE DISTRICT
2118 US 23 South
Alpena, MI 49707
Phone:(989) 354-3101
Fax: (989) 356-3385

Name: _____ DOB: _____ School or Program: _____
 Telephone: _____ Parent(s): _____
 Address: _____ Grade: _____
 Specific presenting concern that impacts achievement/student's area of need: _____

Student Strengths:

Assessment History in the area of: _____

Data Source	Date	Student Performance	Expected Performance	Explain Data—Include average performance of students in classroom

Required Documentation for Request for Special Education (ATTACH):

- FBA or Behavior Support and Intervention Plan (if affective/behavioral concerns reflected in documentation)
- State and district OR CHILD assessment results for the past 3 years (if available) (ex. MEAP/DIBELS)
- Copy of current report card
- Any progress monitoring that has been done and the tools used for intervention (and use Page 3)

CA60 Review of Educational History

	Date of Service	Comment
Title 1/RTI Service		
Hearing Screening		<input type="checkbox"/> Normal <input type="checkbox"/> Referred
Vision Screening		<input type="checkbox"/> Normal <input type="checkbox"/> Referred
Report Card History		
Current medical diagnosis impacting education		
Other Relevant Information		

Attendance History Student has always attended this district History of school movement (years): _____

Student Name: _____

Medical Concerns (ex. Has the child been diagnosed with a medical condition, such as vision or hearing loss? Is the child on medication?):

PLEASE CHECK THOSE ITEMS BELOW THAT DESCRIBE YOUR AREA(S) OF CONCERN:

Anything Checked MUST have data attached—Thank you!

- MATH CALCULATION
 BASIC READING
 READING COMPREHENSION
 WRITTEN EXPRESSION
 MATH REASONING
 READING FLUENCY
 LISTENING COMPREHENSION

STRATEGIES/INTERVENTIONS:

Target Area	Intervention Used	Group size, staff/student ratio	Time and Frequency	Begin/End Dates of Intervention (mm/dd/year)	Result—Reflect beginning and ending data following data (and any Progress monitoring data as appropriate)	Date Parent Informed

BEHAVIOR/EMOTIONAL PROBLEM AREAS (Extreme or Excessive)

- Attention Span
 Group Activity
 Peer Relationships
 Withdrawn/moody
 Motivation
 Overactive
 Disruptive
 Physically aggressive
 Non-compliant
 Mood swings
 Teacher Relationships
 Other (specify)

MUST COMMENT on areas checked above and include frequency and duration:

Target Area	Intervention Used	Group size, staff/student ratio	Time and Frequency	Begin/End Dates of Intervention (mm/dd/year)	Result—Reflect beginning and ending data following data (and any Progress monitoring data as appropriate)	Date Parent Informed

Student Name: _____

Attendance and Discipline by Year							
Total number of:							
School Year	Absent	Tardy	New District? Y/N	Office Referrals	Suspension		Briefly describe or attach documentation
					In School	Out of School	

Type of Request for Special Education Evaluation:

- District Initiated Request:** Despite provision of progressively intensive interventions, the student continues to experience significant underachievement in academic and/or behavioral performance for age or grade.
- Parent Initiated Request**
- Additional Comments:** _____

TALKING POINTS FOR DISTRICT CONTACT WITH PARENT PRIOR TO ADMINISTRATOR SIGNATURE:

- Review interventions (instructional intervention log) and student responses.
- Data supports a special education evaluation due to a lack of sufficient progress. This may result in a recommendation of the district's provision of special education programs and/or services.

OR

- Data DOES NOT support a special education evaluation due to: _____

For those who are potentially eligible to receive Special Education Program/Services share:

- The next step will be that principal/administrator will sign the Request and then pass it onto an AMA ESD (Alpena Montmorency Alcona Educational Service District) staff.
- After the AMA ESD staff person receives the Request, you will be hearing from them soon after (usually within one to three days of receiving the Request.)
- Do you have any questions?

The parent was contacted on _____ regarding this request by _____.

Date Teacher/Administrator

The student has received appropriate instruction in reading and math. (K-12 setting)

The district requests a special education evaluation for a suspected disability.

Building Administrator's Signature Date

Parent must be presented with a written evaluation plan and a written request for consent to evaluate (a REED) within 10 school days from date of receipt of request by AMA ESD staff, or in the event of a parent request, within 10 school days of the ESD's receipt of the parent's written request.

AMA ESD Staff person receiving Request: _____ **Date:** _____