**K-12 PRE-EVALUATION PLANNING FORM**

| * Initial Evaluation
* Re-evaluation
 | * Determination
* Parent Referral (attach Parent Referral Form)
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Date: Name of Person Making Request: School:

Student Name: Birthdate: Age: Sex: Grade:

Parent/Guardian: Cell Phone:

Email Address:

Mailing Address:

**Medical History**

| Date of hearing evaluation:Results * Pass
* Fail
 | Date of vision evaluation:Results * Pass
* Fail
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| --- | --- |

Other significant medical history:

**Required Attachments**

* Problem solving intervention documentation (e.g., Student Assistance Team, MTSS team) including graphs or data indicating effectiveness of interventions (for initial evaluations)
* District-wide assessment reports and data, such as MAP Student Progress Report, DIBELS/Acadience Student Report, NSCAS (must include - test, test date/window, percentile)
* Completed Evaluation Plan Document (to be completed with your chief evaluator)
* Signed SRS Notice & Consent for Evaluation (to be completed with your chief evaluator)

**Signatures**

Building Administrator Date

Classroom Teacher or Case Manager Signature Date

Chief Evaluator Signature Date

(School Psych, Educational Diagnostician, SLP, etc.)

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**Email to: Lani Cline (lcline@esu5.org) or Pam Borgman (pborgman@esu5.org)**