**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)**