



Request for School Psychologist -For School District Use Only-

Student: _____ D.O.B. _____ Date of Request: _____

Boy Girl School: _____ Teacher: _____ Grade: _____

Parent or Guardian: _____ Primary language: Parent _____ Child _____

Spec Ed Disability: _____ If Consent Signed - Enter Date: _____

Reason for Request: Initial Evaluation Referral from Parent Teacher Other: _____

Reevaluation Change of Classification Identify Strengths and Weaknesses

Other Reason for Request: _____

1. Does the student appear to have problems with:

Vision	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hearing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Physical Handicaps	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Student Wears Glasses	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Fine Motor	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Speech	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Head Injury	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other:	_____	

IEP Due:	
3 yr ReEval Due:	

2. Health Information:

3. Learning Strengths:

4. Learning Weaknesses/Areas of Concern:

5. Behavior/Emotional/Adaptive Indicators:

6. Peer/Adult Relationships:

7. Relevant Background Information:

8. Comments/Recommendations:

9. Best Time and/or Way to Contact You:

Person Making Request

Title

Date

Send Options:

1. Scan and Email the form to the appropriate School Psychologist.
2. Print and send to the appropriate School Psychologist.

The Special Education staff cannot conduct an evaluation in any area that has not been designated and approved on a consent form. This form does not replace the Special Education Referral form. Evaluation steps: Pre-Referral, At-Risk Documentation, and Referral or Data Review, Request for School Psychologist, and finally, Consent Form filled out and signed.