

**Richwoods R-VII School  
10788 State Hwy A  
Richwoods, MO 63071  
573-678-2257**

**Request for Consideration for Initial Special Education Evaluation**

**Step 1:**

**Student Information**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Age \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Individuals(s) Making Request:**

Individual(s)	Role(s)
_____	_____
_____	_____

**Agency Staff Receiving Request:**

Date Request received \_\_\_\_\_  
 Name of Agency staff who received request \_\_\_\_\_ Title: \_\_\_\_\_  
 Form in which request received  written  verbal

**Description of the concerns of the individual(s) that prompted this request:**

Area of concern:	Describe specific concerns for the student:
<input type="checkbox"/> Health/Motor	
<input type="checkbox"/> Vision	
<input type="checkbox"/> Hearing	
<input type="checkbox"/> Speech (articulation/voice/fluency)	
<input type="checkbox"/> Language (communication)	
<input type="checkbox"/> Intellectual/Cognitive and Adaptive Behavior	
<input type="checkbox"/> Social/Emotional/Behavioral	
<input type="checkbox"/> Academic/Pre-Academic	Below expected achievement in <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Written Expression (describe below):
<input type="checkbox"/> Vocational/Transitional	
<input type="checkbox"/> Other	

**Step 2**

**District Decision regarding the suspicion of a disability:**

Describe all factors considered: (e.g. attendance, grades, discipline history, second language influence, lack of instruction, medical concerns, etc.)

Based upon the factors described above, the following decision is made:

Disability is not suspected  Disability may exist and is suspected

**Step 3**

**Referral for Evaluation**

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**Course of Action Selected by District (Check Appropriate Boxes)**

**PARENT REFERRAL**

**Provide Referral Date\*:** \_\_\_\_\_.

(\*This is the date a member of the district's certificated staff received a verbal or written request from the parent).

Procedural Safeguards Given to Parents on:

\_\_\_\_\_ (Within 5 school days after referral.)

The district determined that an evaluation is not warranted and will provide the parents with a Notice of Action Refused.

**-OR-**

The district determined that an evaluation is warranted.

**DISTRICT PERSONNEL REQUEST EVALUATION:**

The district determined that an evaluation is not warranted.

**-OR-**

The district determined that an evaluation is warranted. Provide date on which decision was made to evaluate\*:

\_\_\_\_\_.

(\*This date becomes the Referral Date)

Procedural Safeguards Given to Parents on:

\_\_\_\_\_ (Within 5 school days after referral.)

**Names/Roles of Personnel Making Above Determination:**

**Name(s)**

**Role(s)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_