

# KINGSTON K-14 SPECIAL EDUCATION

10047 DIAMOND ROAD

CADET, MO 63630

PH 573-438-4982 FAX 573-438-5264

TAMARA BRETZ, SPECIAL SERVICES DIRECTOR

## REQUEST FOR CONSIDERATION FOR INITIAL SPECIAL EDUCATION EVALUATION

### STEP 1:

#### Student Information

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

#### Individual's Making Request

Individual(s)	Role(s)

#### Agency Staff Receiving Request:

Date Request Received	_____
Name of Agency staff who received request	_____
Title of Agency staff who received request	_____
Form in which request received	<input type="checkbox"/> written <input type="checkbox"/> verbal

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

- Health or Motor
- Vision
- Hearing
- Speech  
(articulation/voice/fluency)
- Language (communication)
- Intellectual/Cognitive and  
Adaptive Behavior
- Social/Emotional/Behavioral
- Academic/Pre-Academic: Below expected achievement in (describe below)
  - Reading
  - Math
  - Written Expression
- Vocational/Transitional
- 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.)

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

Disability is Not suspected

Disability IS suspected

Complete Referral for Evaluation based on this decision

**Step 3:**

**Referral for Evaluation**

Course of Action Selected by District (Check Appropriate Boxes)

PARENT REFERRAL

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 dates 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)

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