

## **BOONE-CLINTON-NORTH WEST HENDRICKS JOINT SERVICES**

## Notification of Request for Educational Evaluation

Upon receiving a request for an educational evaluation from a parent or school personnel, fax immediately to 765-483-3087 and provide a copy of this notification to your school psychologist. A COPY OF PROCEDURAL SAFEGUARDS TO BE GIVEN TO PARENTS AT THE TIME OF THIS REQUEST. FAX RECEIPT OF PROCEDURAL SAFEGUARDS CHECKLIST WITH THIS DOCUMENT.

\*\*Revised 3.2021\*\*

Student Last Name:				ST	STN:		
Student First Name:				Mic	Middle Initial:		
Gender: ☐ Male ☐ Female	Birth date:			Grade:		Age:	
School of Residence:			School Attending:				
Race: □ White/Caucasian □ Black A □ Multiracial □ Asian □ Pacific Is				ge:			
. Guardian(s) Name:							
Street Address: City:			Zip:			Homeless:	
Home Phone:			Work Phone:				
Cell Phone:			Emergency Contact Phone:				
Email Address:							
Custody:   Natural Parents   Maternal Parent Only   Paternal Parent Only   Foster Parent  Maternal Parent Only   Adopted							
Request Made By: □ Parent □M-Team □ School Personnel (specify title):							
Request made via:   Phone In Person Writing (please attach)							
Date request was received by school:  (Starts 10 school day timeline)  Propose			d Disability:	Anticipa	anticipated Teacher of Record for IEP:		
Principal Signature:					Date:		

PARTICIPATING SCHOOL CORPORATIONS