BOONE CLINTON JOINT SERVICES

Notification of Request for Educational Evaluation

Upon receiving a request for an educational evaluation from a parent or school personnel, send to Joint Services (jointservices@leb.k12.in.us) or fax: 765-483-3087 and provide a copy to the assigned school psychologist. PROVIDE PROCEDURAL SAFEGUARDS TO PARENTS AT THE TIME OF THIS REQUEST. FAX RECEIPT OF PROCEDURAL SAFEGUARDS CHECKLIST WITH THIS DOCUMENT. *Revised 4.2024*

School of Residence: School Attending: Race: White/Caucasian Black American American Indian or Alaskan Native Multiracial Asian Pacific Islander Ethnicity: Not Hispanic Guardian(s) Name: Street Address: City: Zip:	
School of Residence: School Attending: Race:White/CaucasianBlack AmericanAmerican Indian or Alaskan NativeNultiracialAsianPacific Islander Ethnicity:HispanicNot Hispanic Primary Language: Guardian(s) Name: Street Address: City: Zip:	
Race: White/Caucasian Black American American Indian or Alaskan Native Primary Language: Multiracial Asian Pacific Islander Ethnicity: Not Hispanic Primary Language: Guardian(s) Name:	Age:
MultiracialAsianPacific Islander Ethnicity:HispanicNot HispanicNot Hispanic	
Street Address: City: Zip:	
	Homeless: Y N
Home Phone: Work Phone:	
Cell Phone: Emergency Contact Phone:	
Email Address:	
Custody:Natural ParentsMaternal Parent OnlyPaternal Parent OnlyFoster ParentAdoptedWard of State:CourtDCS	
Request Made By:Parent M-TeamSchool Personnel (specify title):	
Request made via:PhoneIn PersonWriting (please attach)	
Date request was received by school: Proposed Disability: Anticipated Teacher of Record (Starts 10 school day timeline) Proposed Disability: Anticipated Teacher of Record	rd for IEP:
Principal Signature: Date:	

PARTICIPATING SCHOOL CORPORATIONS

Clinton Central School Corporation • Clinton Prairie School Corporation • Lebanon Community School Corporation

Rossville Consolidated School District • Western Boone County Community School Corporation