IEP TEAM EVALUATION REQUEST FOR ADDITIONAL SERVICES

Local Educational Agency (LEA)

Student's Full Name _____ **Date** _____

School _____ **Date of Birth** _____

Parent(s)/Guardian(s) _____ **Grade** _____

Address _____ **WVEIS#** _____

City/State/Zip _____ **Telephone** _____

Dear Parent(s)/Adult Student:

Your permission is requested to conduct an evaluation to determine the student's educational needs. ***Upon completion of the evaluation, an Individualized Education Program (IEP) meeting will be scheduled to discuss the evaluation results.***

This evaluation will be conducted by qualified professionals and will include the areas checked below. A written description of the evaluation component is provided. The evaluation results may be used to adjust the student's educational services.

- ☐ Assistive Technology
  - ☐ Seating, Positioning & Mobility
  - ☐ Communication
  - ☐ Computer Access
  - ☐ Motor Aspects of Writing
  - ☐ Composition of Written Material
  - ☐ Reading
  - ☐ Math
  - ☐ Organization
  - ☐ Recreation & Leisure
  - ☐ Vision
  - ☐ Hearing
  - ☐ General & Daily Living Skills
- ☐ Functional Behavioral Assessment (FBA)
- ☐ Functional Listening Evaluation
- ☐ Learning Media Assessment
- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Observation(s)
- ☐ Orientation and Mobility
- ☐ Speech and/or Language Evaluation
- ☐ Secondary Transition Assessments
- ☐ Other (Please specify) _____

I have read, or had read to me, the above Evaluation Request for Additional IEP Services as documented on the Individualized Education Program (IEP) regarding the student. I understand the contents and the implications of this notice and have received a copy of my rights within the current school year.

Check one:

- ☐ I give permission for the additional evaluation.
- ☐ I wish to schedule a conference before I decide.
- ☐ Do not do the additional evaluation.

REQUIRED
Received by the School/LEA:

_____/_____/_____ _____
Date Personnel

_____
Parent/Adult Student Signature Date

Please return this signed form within 5 days and retain a copy for your records.