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Guide to Completing Request for an Evaluation to Determine Eligibility for Special Education

This is a guide to be used when completing the **Request for an Evaluation to Determine Eligibility for Special Education** form.

If you are assisting a caregiver to complete this form:

1. Explain the reason for asking the questions necessary for completing this form (e.g., “This form will explain to your school why your child may need special education services that will help them learn. If you like, I can assist you in completing the form by asking you questions.”)
2. Ask the questions requested in the form and fill in the areas with the caller’s responses. Refer to the guide below for more support.
3. Once the form is complete, repeat the answers back to the caller.
4. Confirm the best way to share the completed document with the caller
5. Instruct the caller with what they should do with the document and explain they should keep a copy for their own records.

If you are the student or caregiver completing this form:

1. Open this form on your phone, tablet, or computer.
2. Follow the instructions below on what information to enter for each line. You may print this document before or after entering information. If you have a PDF reader on your computer, you can type directly on the form.
3. Review the form to check for missing or inaccurate information.
4. Print or save a copy of the completed form for your records.

Completing the Form

Entries in the top left (6 lines)

<input type="text"/> Parent’s/Guardians’ Name	(Line 1) Enter the parent or guardian’s full name .
<input type="text"/> Address	Enter the parent or guardian’s address .
<input type="text"/> Contact Information	(Line 3) Enter the parent or guardian’s contact information (this may include phone number(s), and email address(es)).
<input type="text"/> Principal’s Name	(Line 4) Enter the principal’s name . This can be found on letters or emails from the school or by searching for the student’s school online.
<input type="text"/> School Name	(Line 5) Enter the student’s school .

<input type="text"/> School Address	(Line 6) Enter the school's address .
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Additional Entries

Date <input type="text"/>	(Line 7) Enter the date you are completing this document.
Dear Principal <input type="text"/>	(Line 8) Enter the principal's last name .
request that my child <input type="text"/>	(Line 9) Enter the student's name .
birth is <input type="text"/>	(Line 10) Enter student's date of birth (mm/dd/yy).
language is <input type="text"/>	(Line 11) Enter student's preferred language for evaluation . (Line 12) Enter parent's preferred language .
<input type="checkbox"/> my child	(Line 13) Check if child needs evaluation in preferred language.
<input type="checkbox"/> I receive	(Line 14) Check if parent requires language services for special education meetings and documents.
in the <input type="text"/> grade	(Line 15) Enter the student's grade .
grade at <input type="text"/>	(Line 16) Enter the student's school .

Text Boxes

1) Ask the parent or guardian if they have concerns in the areas of:

<input type="checkbox"/> Reading	<input type="checkbox"/> Math
<input type="checkbox"/> Writing	<input type="checkbox"/> Behavior
<input type="checkbox"/> Speech Language	<input type="checkbox"/> Toileting
<input type="checkbox"/> Hearing	<input type="checkbox"/> Vision
<input type="checkbox"/> Other (e.g., hygiene/grooming, physical or motor difficulties, depression, anxiety)	

2) Enter parent or guardian's detailed responses about what is affecting the child's learning. If more detail is needed, consider asking about:

- Academic levels in reading, writing, math, or other subjects and academic history;
- Behavioral or emotional needs;
- Attendance;
- Disciplinary actions towards student;
- Communication needs for student and/or caregiver to participate in student's education;
- How the student describes their experiences in school and with learning;
- Evaluations and/or diagnoses from health professionals;
- Previous services the student received that may affect the student's development or learning.

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about _____ to _____.	(Line 1 & 2) Enter the date verbal request was communicated (mm/dd/yy) and name and/or position of school staff request was made to.
I can be reached at _____ or _____.	(Line 3) Enter the preferred modes of contact (phone number(s) and/or email address(es)) of the parent or guardian.
Sincerely,	(Line 4) Enter the parent's name
Director of Special Education: _____	(Line 5) Enter the name and email address of the District's Director of Special Education . This can be found on a school district's website. For the School District of Philadelphia, each school is assigned to a network that a Regional Special Education Director manages.
Main Classroom Teacher: _____	(Line 6) Enter the name and email address of the student's main teacher .