**Verbal Request for an Evaluation**

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| --- | --- | --- | --- | --- |
| Completed by: |  |  | Date of Verbal Request: |  |
| Campus: |  |  | Grade: |  |
| Student Name: |  |  | Student ID: |  |

Verbal request for Special Education Evaluation

Verbal request for Section 504 Evaluation

* + Check Special Education Evaluation when the parent does not know which evaluation is needed
  + In box below please state: reason for referral and parent’s concern
  + Reminder: An email is considered a written request

Provide this document to the Campus Counselor to return phone call to parent/guardian

Reason for Referral: (What are parent’s concern? i.e. Student is struggling with reading or the student’s behavior

interferes with instruction)

**Counselor will:**

Email this document to [pmcclean@dpisd.org](mailto:pmcclean@dpisd.org), include your campus administrator in the email

Counselor will then follow the flow chart for Parent Request for Special Education Evaluation (see attached) if Special Education Evaluation is checked.

* or -

Counselor will follow the procedures for 504 Evaluation

|  |  |  |
| --- | --- | --- |
|  |  |  |

Campus Counselor Date Received

Verbal Parent Request/August 2018