

## **Department of Special Services**

## **Parent Verbal Request for an Evaluation**

Completed by:	Date of Verbal Request:	
Campus:		
Student Name:		
☐ Verbal request for Special Education Evaluatio☐ Verbal request for Section 504 Evaluation	n	
<ul> <li>Check Special Education Evaluation when the parent does not know which evaluation is needed</li> <li>In box below please state: reason for referral and parent's concern</li> <li>Reminder: An email is considered a written request</li> </ul> Provide this document to the Campus Counselor to return phone call to parent/guardian		
		interferes with instruction)
Counselor will:		
Email this document to <a href="mailto:pmcclean@dpisd.org">pmcclean@dpisd.org</a> ,	include your campus administrator in the email	
Counselor will then follow the flow chart for Parent Re Education Evaluation is checked. - or - Counselor will follow the procedures for 504 Evaluation	equest for Special Education Evaluation (see attached) if Special	
Campus Counselor	Date Received	