

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

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.