



REQUEST FOR INITIAL SPECIAL EDUCATION EVALUATION

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

School Building \_\_\_\_\_

Has the student been retained:  Yes  No Does the student wear glasses:  Yes  No

Person Making Request \_\_\_\_\_

Requester's Relationship to Student:  Parent  Teacher  Principal  Other \_\_\_\_\_

Requester's Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent(s)/Guardian \_\_\_\_\_

Parent Phone \_\_\_\_\_ Parent Email \_\_\_\_\_

Statement/Area of Concern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check all areas of concern:

- Academic  Social Emotional  Behavior  Gross Motor  Fine Motor  Sensory
- Language  Articulation  Adaptive Behavior  Health Related\*  Other \_\_\_\_\_

\*Please indicate which of the following REQUIRED documentation is attached to this form:

- Intervention Log/Benchmark Data/IRIP/Child Study etc.
- Relevant prior testing
- Behavior documentation- discipline referrals, frequency, intensity and duration
- District assessment results (past 3 years if applicable)
- Current progress this marking period: Attendance, grades, missing work, most recent report card/progress report
- \*Documentation of Medical Diagnosis/Physician's Statement
- Other documents pertaining to the above area of concern: \_\_\_\_\_

Referring Person Signature \_\_\_\_\_

District Representative Signature \_\_\_\_\_ Date of Receipt of Request by District \_\_\_\_\_

**For Office Use Only**  
Due Date for Parent Notification/Request for Consent \_\_\_\_\_  
 Parent/Guardian received copy of Procedural Safeguards Notice booklet  
 A PDF copy/ Link of the Procedural Safeguards Notice was emailed to Parent/Guardian per their request

\*Health form attached below



Student: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
 Case Manager: \_\_\_\_\_ Building: \_\_\_\_\_

Dear Dr.

We are evaluating the above student for eligibility as a student with a disability as defined by the Michigan Administrative Rules for Special Education. The disability we are considering is Other Health Impairment, which is defined by the special education regulation as:

\* (9) Other health impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that (i) is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia, and (ii) adversely affects a child's educational performance."

A medical diagnosis is a required component of multiple criteria that must be met to determine eligibility. In addition to the medical diagnosis, the multidisciplinary evaluation team will assess if the health problem has a significant impact on the student's educational performance.

Your prompt attention to this request is appreciated to enable the evaluation to be completed within state timelines. If you have any questions, please contact me using the information listed below.

Thank you so much for your help in this process.

**Medical Diagnosis (List):** \_\_\_\_\_  
 \_\_\_\_\_

**Check below if any of the following areas are affected by the medical condition and describe nature and degree of impact in each area checked.**

Strength \_\_\_\_\_

Vitality \_\_\_\_\_

Alertness \_\_\_\_\_

Restrictions, if any: \_\_\_\_\_

Physical adaptations, if any: \_\_\_\_\_

Medications, if any: \_\_\_\_\_

Is this a life-long condition:  Yes  No  Uncertain

Physician Name: \_\_\_\_\_  
 (Print)

Physician Signature: \_\_\_\_\_

*Please return by fax to: Attn: J. Ureel or N. Timo Telephone: (989) 984-2197 Fax: (989) 984-2203*



## Request for Initial SE Evaluation(Referral) Guidelines

The Request for Initial Special Education Evaluation (Referral) form is available on the Tawas Schools' Website, under SPEC. ED. Documents <https://www.tawas.net/sped>  
Titled: REQUEST FOR INITIAL SPECIAL EDUCATION EVALUATION

### **Who can make a Request (Referral) for an Initial Special Education Evaluation?**

- Parent of a child, a Public Agency, or a school employee may request an initial evaluation when a student is suspected of having a disability

### **Who can fill out the Request for Initial SE Evaluation?**

- Parent

*PLEASE NOTE: When a parent makes a verbal request for an initial evaluation, the district must support the parent in documenting their request.*

- School employee
- Public Agency

### **What information is entered in the Statement/Area of Concern(s)?**

- Give a brief, clear description of the reason for the request.

### **What documentation needs to be sent to the Tawas Area Schools Special Ed Office with the request?**

- **School employees:** Review the REQUIRED documentation list on the request form, and send **all** relevant records/documents.
- **Parents and Public Agencies:** Submit any pertinent documentation including medical diagnoses, mental health evaluations, psych evaluations, etc.

### **Who does the Request for Initial SE Evaluation go to for a signature?**

- The Request for Initial SE Evaluation should be sent to the Special Education Supervisor or Special Education Secretary to be signed and dated.

### **What happens next?**

1. Parents receive a copy of the Procedural Safeguards Notice, or a PDF copy via email.
2. The Tawas eval team has 10 school days from the date the Initial Request is dated as received by the district to determine whether or not the district will conduct an evaluation and if so, must request parental consent to evaluate within the 10 days.