

Porter County Education Services

750 Ransom Road Valparaiso, IN 46385

Ph: 464-9607 Fax: 548-8064

Request for Educational Evaluation

This form is not for use if child has an I.E.P. in any area (i.e. SPEECH)

(Please email this form to Referrals@pces.k12.in.us the same day the request is made)

Referred by: Parent _____ School _____
Student Type: Virtual _____ Traditional _____

Date Completed: _____ Student STN#: _____

Student Name: _____ D.O.B. _____ Male ___ Female ___
(PLS. INCLUDE MIDDLE NAME)

School: _____ Grade: _____ Teacher _____

Corporation of Attendance: _____ Corporation of Residence: _____

Parent/Guardian: _____

Address: _____ Phone: Home _____ Relationship to child _____

City: _____ Cell _____

Zip: _____ Email: _____

***Vision/Hearing Screenings must be within one calendar yr ***

I. Ethnicity: Is this individual Hispanic/Latino?

☐ No, not Hispanic/Latino

☐ Yes, Hispanic/Latino

(a person of Cuban, Mexican, Puerto Rican, South or Central American, or Other Spanish culture or origin, regardless of race)

Last Vision Screening Date: _____

Pass or Fail (circle one)

Last Hearing Screening Date: _____

Pass or Fail (circle one)

II. Race: What is the individual's race? (Choose 2 if Multi-racial)

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander

☐ White

III. Native Language:

☐ English/USA

☐ Spanish

☐ Other _____

Please check Suspected Educational Disability(ies)

___ Autism Spectrum Disorder

___ Emotional Disability

___ Orthopedic Impairment

___ Blind or Low Vision

___ Language Impairment

___ Specific Learning Disability

___ Cognitive Disability

___ Multiple Disabilities

___ Speech Impairment

___ Deaf-Blind

___ Other Health Impairment

___ Traumatic Brain Injury

___ Deaf or Hard of Hearing

___ Developmental Delay (Early Childhood Only)

Please identify the specific problems and concerns that cause you to suspect the educational disability(ies) checked above: _____

How does this adversely affect the student's academic or functional progress? _____

General Review of Student Information to Consider Evaluation

Is there a 504 Plan currently in place for the student YES NO

(If yes, attach copy of plan)

Has the student ever been retained? YES NO If yes, list when _____

School History

(List where the student has attended school (use the back or additional paper if needed))

Name of School (include City and State if out of district)	Dates Attended

Indicate the Attendance Records for the last three years

Year	Grade	Absences/General Reason(s)	Tardies

Services Provided by the School

List any school services the child has received (i.e. Title One; ELL, social work/counseling, summer school, remediation, etc.) Include the length of time (years and frequency). Use the back or additional paper if needed. **You may also attach a form or log with this data if you have it saved in another format as long as it contains the required information.**

Year	Grade	Type of Services	Length of time (years and frequency)

List the scientific research-based interventions that are currently in place or have been used in the past to assist the student with learning or behavioral concerns. Provide specific information about each intervention and use the back or another page if needed. You may also attach a log of this data if you have it saved in another format as long as it contains the required information.

Intervention (give details)	Length and Frequency (Dates and how often)	Outcome or Progress Noted

List any classroom accommodations that have been provided to the student this year. Be specific and use the back and additional paper if needed. You may also attach a form or log of this data if you have it saved in another format as long as it contains the required information.

Accommodation	Length(dates) and Frequency (how often provided)	Outcome

State and Local Assessments

Complete the chart for each assessment (such as ISTEP, DIBELS, NWEA, Star Reader/Star Math, CBA, CBM, etc.) the student has participated in; giving the date, and score (Use the back or additional paper if needed). You may also attach a form or log with this data if you have it saved in another format as long as it contains the required information.

Assessment Name	Date(s)	Scores

*****Please attach latest report card to the referral form*****

Attention/Behavioral Information

Does the student display behaviors indicating attention problems?	YES	NO
Is the student able to attend to classroom lessons?	YES	NO
Is the student able to attend to individual classroom tasks?	YES	NO
Is there a behavior management plan in place?	YES	NO
(If yes, please provide a copy of the plan or behavior charts, etc.)		
Is the displaying behaviors that are interfering with his/her learning?	YES	NO
Has the child been suspended?	YES	NO
If yes, when and why? _____		
Has the child been expelled?	YES	NO
If yes, when and why? _____		
Has the parent been contacted due to behavioral concerns?	YES	NO

Please write the appropriate number for each skill below. Please attach any additional information if necessary:

Never—0 Rarely(25%)—1 Sometimes(50%)—2 Usually(75%)—3 Always(100%)—4

Individual Achievement:

- __a. Reading-achieves on/above grade level
- __b. Written Expression-achieves on/above grade level
- __c. Math-achieves on or above grade level
- __d. Spelling-achieves on or above grade level

Self-Help Skills:

- __a. Starts work without prompting
- __b. Attends to personal appearance and grooming
- __c. Organizes papers and materials effectively
- __d. Seeks help when needed

Motor Skills:

- __a. Writes with legible handwriting
- __b. Can cut and color (appropriate for age)
- __c. Can copy (appropriate for age)
- __d. Age appropriate gross-motor skills (running, jumping)

Daily Classroom Performance

- __a. Completes assignments during class
- __b. Follows directions on assignments
- __c. Participates/asks questions
- __d. Completes and turns in assignments

Speech/Language:

- __a. Articulates clearly when speaking
- __b. Uses vocabulary appropriate for age
- __c. Understands oral instructions
- __d. Speaks in complete sentences

Socialization

- __a. Interacts well with peers
- __b. Is accepted by peers
- __c. Interacts appropriately with adults
- __d. Shows positive attitude toward school.

Outside Services

List any outside tutoring, social work services, therapy, etc. the student has received.

Dates	Provider	Type of Service (Be Specific)

Medical and Physical Information

Medication	Dosage	When Taken	Reason	Side Effect Noted

Other Physical or Health Factors known about this student: _____

Other pertinent information about this student to consider: _____

Printed Name of Person Completing Form: _____
(Name and Date)

Signature of Person Completing Form: _____
(Name and Date)