

IEP TEAM EVALUATION REQUEST FOR ADDITIONAL SERVICES

Morgan County Schools Local Educational Agency (LEA)

Student's Full Name _____
School _____
Parent(s)/Guardian(s) _____
Address _____
City/State/Zip _____

Date _____
Date of Birth _____
Grade _____
WVEIS# _____
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.

- | | |
|--|---|
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Functional Behavioral Assessment (FBA) |
| <input type="checkbox"/> Seating, Positioning & Mobility | <input type="checkbox"/> Functional Listening Evaluation |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Learning Media Assessment |
| <input type="checkbox"/> Computer Access | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Motor Aspects of Writing | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Composition of Written Material | <input type="checkbox"/> Observation(s) |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Orientation and Mobility |
| <input type="checkbox"/> Math | <input type="checkbox"/> Speech and/or Language Evaluation |
| <input type="checkbox"/> Organization | <input type="checkbox"/> Secondary Transition Assessments |
| <input type="checkbox"/> Recreation & Leisure | <input type="checkbox"/> Other (Please specify) _____ |
| <input type="checkbox"/> Vision | |
| <input type="checkbox"/> Hearing | |
| <input type="checkbox"/> 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.