

# REQUEST FOR ADDITIONAL EVALUATION

## DOCUMENTED ON THE INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Morgan County Schools

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, a 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"/> Achievement                            |
| <input type="checkbox"/> Seating, Positioning & Mobility | <input type="checkbox"/> Functional Behavioral Assessment (FBA) |
| <input type="checkbox"/> Communication                   | <input type="checkbox"/> Functional Listening Evaluation        |
| <input type="checkbox"/> Computer Access                 | <input type="checkbox"/> Functional Vocational Evaluation       |
| <input type="checkbox"/> Motor Aspects of Writing        | <input type="checkbox"/> Motor Skills                           |
| <input type="checkbox"/> Composition of Written Material | <input type="checkbox"/> Occupational Therapy                   |
| <input type="checkbox"/> Reading                         | <input type="checkbox"/> Physical Therapy                       |
| <input type="checkbox"/> Math                            | <input type="checkbox"/> Observation                            |
| <input type="checkbox"/> Organization                    | <input type="checkbox"/> Orientation and Mobility               |
| <input type="checkbox"/> Recreation & Leisure            | <input type="checkbox"/> Speech and/or Language Evaluation      |
| <input type="checkbox"/> Vision                          |   |
| <input type="checkbox"/> Hearing                         |   |
| <input type="checkbox"/> General & Daily Living Skills   |   |
- Other (Please specify) \_\_\_\_\_

I have read, or had read to me, the above Request for Additional Evaluation 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 this 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.

<b>*REQUIRED*</b>	
<b>Received by school/county:</b>	
_____/_____/_____ Date	_____ Personnel

\_\_\_\_\_  
Parent/Adult Student Signature Date

**Please return this signed form within 5 days and retain a copy for your records.**