

## LOS ANGELES UNIFIED SCHOOL DISTRICT Request for Special Education Assessment

Complete this form if you wish to request an assessment to determine this student's eligibility to receive special education and/or related services. Once you have completed this form, return it to the person designated below. Within 15 days, you will receive a written response. Parents requesting an assessment should receive and complete the "Student Information Questionnaire."

A. Name of student (last/first/middle) \_\_\_\_\_ Date of birth \_\_\_\_\_

Student address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Male  Female Grade \_\_\_\_\_ Student's primary language \_\_\_\_\_

School of residence \_\_\_\_\_ School of attendance \_\_\_\_\_

B. Name of parent/guardian \_\_\_\_\_

Parent/Guardian address (if different than student) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name of referring person \_\_\_\_\_

What is your relationship to this student?  Mother  Father  Guardian  Other (specify) \_\_\_\_\_

If request is from someone other than parent/guardian, is the parent/guardian aware of request?  Yes  No

What are your concerns about this student? \_\_\_\_\_

**PARENT/GUARDIAN ► I hereby request a special education assessment.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**C. IF DISTRICT STAFF MEMBER IS MAKING THE REQUEST: What prior actions/modifications have been taken to help this student?**

Date:	Action/Modification:	Outcome:

**DISTRICT STAFF MEMBER ► I hereby request a special education assessment.**

Signature \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

### RETURN THIS FORM TO:

D.  
District contact \_\_\_\_\_ School/Office \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

### ADMINISTRATIVE/OFFICE USE ONLY

E.  
Date Request for Special Education Assessment provided: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by:  mail  conference  other \_\_\_\_\_  
Date received by school/office: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Assessment Plan/Response due: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(15 calendar days after receipt of signed Request)  
Request received by: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
White action copy given to Administrator/Designee: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Name