



REQUEST FOR AN INITIAL SPECIAL EDUCATION EVALUATION

Alpena-Montmorency-Alcona
Educational Service District
2118 US 23 South
Alpena, MI 49707
Telephone (989) 354-3101
Fax (989) 356-3385

Student Name: _____ Gender: Female Male DOB: _____

School: _____ Grade: _____ Telephone: _____

Parent/Guardian: _____ Address: _____
IS HISPANIC? YES NO
 American Indian or Alaska Native
 Black (not hispanic)
 Native Hawaiian or Other Pacific Islander
 Hispanic
 White (not hispanic)

Specifics of the educational reason(s) for request: (This information and the impact it has on the student's education is essential for completion of the evaluation.)

General education interventions used to address reason(s) for request: (This information is essential for completion of the evaluation.)

Interventions	Length of Time Used	Results/Data

A review of the student's CA-60 was completed by: _____ Date: _____

Parent was contacted regarding the problem noted above by _____ on _____

Results

- General education intervention strategies have been exhausted. Yes No Don't know
 - There is reasonable cause to suspect this student has a disability. The suspected disability is _____
 - Requesting person's phone _____ and email _____
- _____
Signature of Person Making Request _____
Date

Within 10 calendar days of the date of receipt of this referral by the AMA ESD office, the district will hold a REED (Review of Existing Evaluation Data) meeting. The parent will be invited to attend. At this meeting, an assessment plan will be developed, if necessary, and parental consent will be requested.

Date of receipt of Request for Initial Evaluation _____

Signature of District Representative _____
Date