



Eau Claire Public Schools

Special Education Request Form

Student Name:		Birthdate:	
Parent Name (s):		Home Phone:	
Address:			
Parent Email:			
Additional phone number where parent can be reached (work, cell):			
Classroom Teacher (Elementary):		Grade Level:	

Briefly explain what you are requesting and why. This can be either a new request for evaluation or a change in the student's current program/service. If this request is in response to a medical professional's diagnosis or recommendation, please attach the letter or referral to this form.

I am requesting:

- Evaluation for special education
- Speech/Language
- Academic
- Change in my child's IEP
- Other

Parent Signature: _____ **Date:** _____

Parents of a student with a disability have protection under procedural safeguards. The Procedural Safeguards Notice is available at www.michigan.gov/documents/mde/May09-ProceduralSafeguardsNotice_278611_7.pdf. The following sources are available to assist you in understanding your rights: Michigan Alliance for Families (800) 552-4821 www.michiganallianceforfamilies.org.