



# 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

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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents of a student with a disability have protection under procedural safeguards. The Procedural Safeguards Notice is available at

[https://www.michigan.gov/-/media/Project/Websites/mde/specialeducation/proc-safe/Procedural\\_Safeguards\\_Notice.pdf?rev=b38501b73e7649fcb913042c3b36c5cc](https://www.michigan.gov/-/media/Project/Websites/mde/specialeducation/proc-safe/Procedural_Safeguards_Notice.pdf?rev=b38501b73e7649fcb913042c3b36c5cc). The following sources are available to assist you in understanding your rights: Michigan Alliance for Families (800) 552-4821 [www.michiganallianceforfamilies.org](http://www.michiganallianceforfamilies.org).