



Special Education Request Form

Please complete and return to the school office.

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 Other
- 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.