**Swisher Briscoe SSA**

**Acknowledgment of request for Assessment/Or Additional Assessment/ARD changes**

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| Student’s Name |  | Date |  |
| Campus |  | DOB |  |
| Teachers |  | Grade/Sex | / |

This form must be completed and signed by all parties and the vision and hearing screening must be completed before assessment personnel begin the process.

This form is not in lieu of consent from a parent, it is acknowledgment that both the principal and the teachers involved are informed about requests for assessment, additional assessment, or changes to the ARD.

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| **VISION AND HEARING SCREENING**  |
|  | Vision and hearing screenings are attached |

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| **REQUEST FOR AN INITIAL ASSESSMENT** |
|  | This campus is requesting a speech screening and possible RTI/Interventions for speech if needed. |
|  | This campus is requesting an initial Full and Individual Evaluation (Speech only) |
|  | This campus is requesting an initial Full and Individual Evaluation  |
|  | Check here if there are psychological concerns  |

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| **REQUEST FOR RE-EVALUATION OR ADDITIONAL INFORMATION IN THE FOLLOWING** |
|  | RE-EVAL speech only |  | RE-EVAL (Full) |
|  | RE-EVAL (w/o new speech) |  | Functional Behavior Assessment |
|  | Behavior Intervention Plan |  | Occupational Therapy |
|  | Physical Therapy |  | Assistive Technology |
|  | Vision Therapy |  | Orientation and Mobility |
|  | OHI information (asthma, ADD/ADHD) |  | Psychological Evaluation  |
|  | Other:  |  | Other |

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| **REQUEST FOR A CHANGE TO AN ARD** |
|  | Change in schedule |  | Change in IEPs |
|  | Change in STAAR or EOC |  | Change in Behavior Intervention Plan |
|  | Change in Accommodations |  | Change related services (OT, PT, Transportation) |
|  | Change in Healthcare Plan |  | Other:  |

**Signature of general education teacher**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of special education teacher**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of principal**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_