



STATE OF HAWAII
DEPARTMENT OF EDUCATION

REQUEST FOR EVALUATION

(For Educational and Related Services from Age 3 to 22)

Name of Child (Last, First, Middle):

Date of Birth:

Age:

Male ___ Female ___

Grade:

Student's ID number:

Current School or Program:

Child's Home Address:

Name of Father or Legal Guardian:

Home Phone:

Message Phone:

Emergency Phone:

Name of Mother or Legal Guardian:

Home Phone:

Message Phone:

Emergency Phone:

Name of Requester:

Relationship to this Child:

Mailing Address of Requester:

Home Phone:

Business Phone:

Fax Number:

Language Most Often Used by Child:

Language Most Often Used at Home:

Reason for Request: Please check area(s) of concern and attach any additional information.

___ Academic
___ Health
___ Other:

___ Behavior
___ Hearing

___ Fine Motor
___ Speech/Language

___ Gross Motor
___ Vision

Comments:

If parent/guardian requires special accommodations (e.g. language interpretation) to attend/participate in meetings, please describe:

Signature of Requester

Date

NOTE: Please submit this request to a public school or Department of Education office.

FOR AGENCY USE ONLY:

Date the Department of Education first received this request: _____

Initials

ATTACHMENT: Procedural Safeguards Notice (Parent & Student Rights in Special Education and Rights of Parents and Students, Section 504/Chapter 61)

DISTRIBUTION: School, Parent, District

OCISS Form 101 Rev. 03/02
Request for Evaluation