Joint Educational Services in Special Education
1101 South Michigan Street, PO Box 418
Plymouth, IN 46563
574-936-2627 Fax 574-936-8184

NOTIFICATION OF REQUEST FOR EDUCATIONAL EVALUATION

The following information must be sent immeidately upon a parent request for an educational evaluation for a student. This page must be faxed immediately to JESSE and will begin the 10 school day timeline to review all records. This specific information is required to enter the data into the State computer system.

Thank you for your speedy response when you have a written or verbal request for an educational evaluation.

STUDENT'S LAST NAME:		**STN:**
STUDENT'S FIRST NAME:		**MIDDLE INITIAL:**
GENDER: ☐MALE ☐FEMALE	**DOB:**	**GRADE:**
ETHNIC BACKGROUND: (CHECK ONE) ☐American Indian ☐African American ☐Asian ☐White ☐Hawaiian/Pacific Islander ☐Hispanic ☐Multiracial (Please mark one other race)		
CORP OF LEGAL SETTLEMENT:	**SCHOOL ATTENDING:**	
PARENT(S) NAME:		
ADDRESS:	**CITY:**	**ZIP CODE:**
HOME PHONE:	**EMERGENCY #:**	**WORK PHONE:**
CUSTODY: (CHECK ONE) ☐Natural Parent ☐Maternal Parent ☐Paternal Parent ☐Foster Parent(s) ☐Ward of Court ☐Ward of DPW ☐Ward of DMH ☐Nursing Home ☐Other _____		
NAME OF PARENT MAKING THE REQUEST:		
DATE REQUEST WAS RECEIVED BY CERTIFIED STAFF:		
NAME OF CERTIFIED STAFF WHO RECEIVED THE REQUEST:		
HOW WAS REQUEST MADE TO CERTIFIED STAFF? **(If in writing, please include with the fax.)**		
ADDITIONAL INFORMATION:		

PRINCIPAL SIGNATURE: _____ DATE: _____