



**PARENT/GUARDIAN REQUEST FOR CHILD STUDY TEAM INITIAL EVALUATION
CURRENTLY ENROLLED STUDENT**

Date of Request _____

Student Information:

Current School:		Grade Level:
Last Name:	First Name:	Middle:
Sex:	DOB:	Age:
Home Address:		

Parent/Guardian Information:

(must include completed Registration Packet and Proofs of Residency)

Last Name:	First Name:	Middle:
Relationship to Child:		
Home Address:		
Telephone #		
Email:		

Second Parent/Guardian (if applicable)

Last Name:	First Name:	Middle:
Relationship to Child:		
Home Address:		
Telephone #		
Email:		

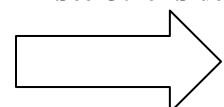
Identified Areas of Concern:

Reading	Writing	Speaking	Listening	Mathematics
Aggression	Irritable	Inattentive	Quiet/Withdrawn	Highs/Lows
Other: (please explain)				

Additional Information:

How long have you been concerned about area(s) checked above?
Have you discussed concern(s) with your Pediatrician? If Yes, what was his/her response?
What interventions have you tried to assist your child with area(s) of concern?

See Other Side





Pre-School Student Only:

Has child been receiving early intervention services?
Audiometric and vision screenings performed?

This form serves as a direct referral to the child study team from the undersigned parent(s)/guardian(s):

Parent/Guardian (1) Print Name

Parent/Guardian (1) Signature

Date

Parent/Guardian (2) Print Name

Parent/Guardian (2) Signature

Date

Submit completed form to:

Martha B. Day Karleen Faliveno, MSW School Social Worker kfaliveno@bloomingtonschools.org	Samuel R. Donald Jeanne Pelcher Learning Disabilities Teacher Consultant, MA jpelcher@bloomingtonschools.org	Walter T. Bergen Michelle Lowensteiner, MA School Psychologist mlowensteiner@bloomingtonschools.org
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N.J.A.C. 6A:14-3.3. e. When a preschool age or school age student is referred for an initial evaluation to determine eligibility for special education programs and services under this chapter, a meeting of the child study team, the parent and the regular education teacher of the student who is knowledgeable about the student's educational performance or, if there is no teacher of the student, a teacher who is knowledgeable about the district's programs, shall be convened within 20 calendar days (excluding school holidays, but not summer vacation) of receipt of the written request. This group shall determine whether an evaluation is warranted and, if warranted, shall determine the nature and scope of the evaluation, according to N.J.A.C. 6A:14-3.4(a). The team may also determine that an evaluation is not warranted and, if so, determine other appropriate action. The parent shall be provided written notice of the determination(s), which includes a request for consent to evaluate, if an evaluation will be conducted, according to N.J.A.C. 6A:14-2.3.

CST DATES

Written Request:
Notice of Identification Meeting and Registration materials sent to parent:
Evaluation Planning Meeting: