CENTER FOR SPECIAL SERVICES • 1606 Old Orchard Street, White Plains, New York 10604 • (914) 948-7271 • fax (914) 948-7598

ASSESSMENT/EVALUATION REQUEST FORM • 2023 – 2024

| | Request Date: | |
|--|------------------------------|---|
| | | Title |
| CASE CONTACT: | | Phone: |
| *The case contact is the district point person designated to setting up appointments, providing reports, IEPs and other | | E-Mail: |
| Please Check One: INITIAL EVAL | LUATION | RE-EVALUATION |
| STUDENT NAME: | GRADE: | : AGE: DOB: |
| Parent/Guardian: | Home Telephone | e or Cell: |
| E-Mail: | Work Telephone: | : |
| LOCATION: Home School Provide specifics in the space below, including FULL na Otherwise instruct the provider to call the Case Contact for | ame of school, address of so | Hybrid chool/home, and/or remote information. |
| *Please provide the <u>latest</u> date Evaluation ca | an be submitted: | |
| Select Evaluation(s) from the Dropdown Men | nu: | ***If you would like the evaluator to attend the CSE Meeting/Program Review, indicate all information below (date, time, location): |
| | | |
| Please check appropriate statement – provide consen Parental Consent Form Attached | | confirm that consent is on file fied of this request; consent is on file at School District Office |