



HOUSTON INDEPENDENT SCHOOL DISTRICT  
Office of Special Education Services  
Hattie Mae White Educational Support Center  
4400 West 18th Street  
Houston, TX 77092  
(713)556-7025

Date: \_\_\_\_\_

## REQUEST FOR A DISABILITY EVALUATION FOR A STUDENT PARENTALLY PLACED IN PRIVATE SCHOOLS

### Student Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Referral Source: \_\_\_\_\_ Previously Retained? \_\_\_\_\_

### Private School Information

Private School: \_\_\_\_\_ School Phone: \_\_\_\_\_

School Contact Name and Title: \_\_\_\_\_

School Contact e-mail: \_\_\_\_\_

### Parent Information

Parent(s) Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent e-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Major Area(s) of Suspected Disability (Check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Academic Learning<br>(i.e. dyslexia, learning disability) | <input type="checkbox"/> Developmental<br>(i.e. intellectual disability, autism) |
| <input type="checkbox"/> Communication<br>(i.e. speech or articulation impairment) | <input type="checkbox"/> Health  |

Is there a current medical condition? \_\_\_\_\_

Has the student been tested by a public school? \_\_\_\_\_

Has the student previously qualified for special education services (This includes speech services)? \_\_\_\_\_

How is the suspected disability affecting the child's ability to do well in school? (Be specific)

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Describe or list data that confirms the child's difficulty in school. (i.e. report card grades, progress reports, test scores, previous interventions, additional classroom support, etc.).

Please attach any additional information you feel is necessary to confirm the child's learning difficulties.

- Report Card grades for past 2 years.
- Standardized test scores for past 2 years.

Describe the results of implementing previous interventions and classroom supports (e.g. tutoring, use of assistive technology, etc.)

**Exclusionary Factors (Answer "yes" or "no" if any of the following have been ruled out in causing learning difficulties)**

- Do attendance patterns show that the student has changed schools so often, or has not attended school enough, that normal achievement gains were not possible? \_\_\_\_\_
- Have there been any significant or traumatic events in the student's life that contribute to the current learning problems? \_\_\_\_\_
- Are there any variables related to family history that may have affected school performance? \_\_\_\_\_
- Is the student's cultural background different from the culture of the school and larger society? \_\_\_\_\_

**How do I submit this form?**

Submit this form to the Office of Special Education Services - by saving this form and email as an attachment to [childstudyrequests@houstonisd.org](mailto:childstudyrequests@houstonisd.org)

(or)

Fax this form to 713-556-7099, The Attention of: Private School Request for Evaluation

(or)

**Mail this form to:**

Houston Independent School District - Office of Special Education Services  
ATTN: Private School Request for Evaluation  
4400 West 18<sup>th</sup> Street  
Houston, Texas 77092

**How do I receive help in completing the request for evaluation?**

If you have any difficulty in completing this form, contact [ChildStudyRequests@houstonisd.org](mailto:ChildStudyRequests@houstonisd.org)

**What should I expect after completing the request for evaluation?**

All information contained in this form is confidential. The request for evaluation will be reviewed only by a team of evaluators in the Office of Special Education. The review will take place within 10 business days. Following the review, you will be contacted to begin the referral process, or you will be formally notified the request for evaluation has been denied. The reasons for denial will be listed in the formal letter.

|                          |  |
|--------------------------|--|
| <b>(Office Use Only)</b> | Date of phone call prior to sending Refusal Letter: _____            |
| Review Date: _____       | Referral Packed Mailed Date: _____ Refusal Letter Mailed Date: _____ |