

**Albuquerque Public Schools Curriculum and Instruction
Office of the Student Assistance Team Liaison: General Education**

PARENT REQUEST FOR EVALUATION

Student:		Student #		DOB:	
School:		Grade:			
Parent/Guardian:		Phone Number:			
Address:		Cell Number:			
Parent E-Mail:		Home Language:			

Area of Concerns:

Academic:	<input type="checkbox"/> Reading	<input type="checkbox"/> Written Language	<input type="checkbox"/> Math
<input type="checkbox"/> Behavior			
<input type="checkbox"/> Language			
<input type="checkbox"/> Speech			

Has your child ever been evaluated/tested by a non-APS organization? Yes No (If yes, please provide a copy of the documentation.)

In detail, please describe your concerns with your child in regards to the area(s) checked above:

Parent Signature: _____ Date: _____

Principal Signature: _____ Date: _____