Chicago Public Schools | OFFICE FOR STUDENTS WITH DISABILITIES

Citywide Assessment Team

GENERAL REQUEST CONSENT AND REGISTRATION FORM

CHILD/FAMILY INFORMATION

Has a CPS ID? ☐ No ☐ Yes CPS ID: _____ Date of Request: _____

Child's Name: _____ DOB: _____ Current Grade: _____

Child's Gender: ☐ F ☐ M ☐ Non-Binary ☐ Prefer Not to Disclose Other: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Child's Primary Language: _____ Parent's Primary Language: _____

Interpreter Needed: ☐ No ☐ Yes Language Needed: _____

Parent Name: _____ Parent Phone: _____ Parent Email: _____

Parent Address (if different than student): _____

INDIVIDUAL MAKING REQUEST

☐ Parent/Guardian ☐ Daycare Provider ☐ Private Therapist (Related Service or Other)

☐ Hospital Staff ☐ Doctor/Pediatrician ☐ Private School Staff ☐ Other

Individual Making Request Name / Title: _____

Contact Phone: _____ Contact Email: _____

REASON FOR REQUEST

☐ Initial Evaluation to determine if the student has a disability and is eligible for special education services

☐ Reevaluation to determine Eligibility ☐ Special Reevaluation prior to Triennial ☐ Annual IEP Meeting

☐ Out of District IEP (Transfer) ☐ Request for 504 (Initial or Annual update) ☐ Other:

REFERRAL SOURCE

☐ Screening Results ☐ Parent Request ☐ School Request ☐ Private/Independent Evaluation

☐ Resubmission (additional documentation) ☐ Other _____

AREAS OF CONCERN

☐ Cognitive / Academic ☐ Communication ☐ Motor: [☐ OT ☐ PT] ☐ Social / Emotional

☐ Hearing ☐ Vision ☐ Health/Medical ☐ Other _____

Describe the academic performance, behavior or other factors that suggest the need to evaluate the student for special education and/or related services (attach additional comments, as needed):

_____

_____

PARENTAL CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION AND REGISTRATION:

I understand that before the evaluation can begin I must provide consent on a separate form and that my signature below does not grant this consent to evaluate my child. I also understand that my input during this determination is valuable and I will provide supporting documentation for this evaluation. I am authorizing CPS to register my child as a non-attending student for purposes of this evaluation process.

☐ I AGREE that CPS can share all information and findings about my child with the following listed:

_____

_____

☐ I DO NOT AGREE that CPS can share all information and findings about my child.

Signature of Parent / Guardian _____ **Date:** _____

Please submit this form and supporting documentation to the Office for Students with Disabilities at: earlychildhoodevals@cps.edu;

Files should be no larger than 4 MB for each document. The preferred file format is PDF (Los archivos no deben tener más de 4 MB por documento. El formato de archivo preferido es PDF)