

Pottsgrove School District
Parent Request - Identification of Protected Handicapped Student

_____, 200__
(Parents name(s)) (Date)

Please answer the following questions:

Do you believe that your child, _____, a student in grade _____, at _____ School:

• **may be eligible** for special services as a “protected handicapped student”, and therefore request the District to perform an evaluation?

yes (If yes please answer number 1, 2 and 4 below) no

• **may no longer be eligible** for special services as a “protected handicapped student”, and therefore request the District to perform an evaluation?

yes (If yes please answer number 1 and 4 below) no

• **may require a change in or modification of the service agreement** and, therefore request the District to perform an evaluation?

yes (If yes please answer number 3, and 4 below) no

1. What is your belief that your child may/may no longer be a “protected handicapped student” is based on?

2. What do you believe are the related aids, service or accommodations that should be provided? _____

3. If your child is a currently a “protected handicapped student”, what specific modifications would like the district to make in your child’s Service Agreement?

4. Have you included all available relevant medical records, additional developmental history, clinical reports, and/or relevant anecdotal information? (**Please attach documentation to this request**).

yes no

If you answered “no”, please explain:

Parent(s) Signature

Date

Daytime Phone