



EASTHAMPTON PUBLIC SCHOOLS

EASTHAMPTON MUNICIPAL BUILDING

50 Payson Avenue, 2nd Floor

Easthampton, MA 01027

(413) 529-1500 TEL

(413) 529-1567 FAX

www.epsd.us

Superintendent of Schools: Nancy Follansbee

Director of Special Education: Sarah Mochak

Director of Curriculum/Grants: Polly Parker

Director of Technology: Ashley Barstow

Referral from Parent/Guardian for a Special Education Evaluation

Student (first, middle, last): _____

School/Teacher: _____ Grade: _____ DOB: _____

Place of Birth: _____ Primary Language: _____ M/F: _____

Parent(s)/Guardian(s): _____

Address: _____

Phone Number(s): _____

Email Address(es): _____

Primary Language: _____

Would you like documents translated into your primary language? _____

Would you like a translator for school meetings? _____

Please answer all questions.

1. Describe your academic concerns for your child.

2. Describe social/emotional or behavioral concerns for your child.
3. Describe any concerns related to your child's ability to communicate.
4. Describe any concerns related to your child's ability to focus and pay attention.
5. Does your child have any diagnoses? If so, please list.
6. Has your child been evaluated by a community-based agency? If so, please explain.
7. Have you spoken to your child's teacher about your concerns? Please describe.
8. Describe your child's strengths.
9. Are there additional concerns you would like the district to know?

Parent/Guardian Signature

Date