



STUDENT SERVICES
94 Panther Drive
Yazoo City, MS 39194

Gloria Jamison, Director
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Schools: ___ Bentonia-Gibbs Elementary ___ Linwood Elementary ___ Yazoo County Middle School ___ Yazoo County High School

TO: SPED Case Manager
Gloria Jamison, Student Services Director

FROM: _____
Principal's Signature

RE: [] Parent Request for Evaluation
[] TST Referral

DATE: _____

An evaluation has been requested for special education services due to a suspected disability. Information regarding the request is as follows:

Name of Student: _____

Grade: _____ DOB: _____

Request made to: _____

Request was made: [] in writing [] verbal

Does the student currently receive Tier Interventions? ___ yes ___ no

Reason(s) for referral: [] academic [] behavior [] speech

Directions for Completion of Form:

Note: This form must be emailed to Gloria Jamison within 24 hours of receipt of such a request. Complete the statements and questions in order to provide information to the special education office.

School: Indicate the school the student attends

Date: Indicate the date the form was completed.

Student's Name, Grade and DOB: List the name of the student, current grade level and date of birth.

Request Made To: Indicate to whom the request was made

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