



Beaver Valley  
Intermediate Unit  
*Psychological Services*

# EVALUATION REQUEST

DATE REQUEST  
RECEIVED BY BVIU:

Full MDE (ER/RR)     Autism     Gifted     Other: \_\_\_\_\_

DATE PTE/PTR RECEIVED (please attach): \_\_\_\_\_ (\*requests not accepted 30 days in)

Please complete this form in its entirety (as a pdf form or printed and scanned) and email to BVIU Director of Special Education Services, [melissa.niedbala@bviu.org](mailto:melissa.niedbala@bviu.org). There are required documentation that need to be attached for this request to be considered complete.

**REFERRAL MADE BY:**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
DISTRICT/CHARTER SCHOOL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**STUDENT – NAME:** \_\_\_\_\_ Gender: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_ TEACHER: \_\_\_\_\_ GRADE: \_\_\_\_\_

**PARENT/GUARDIAN #1** NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 MOTHER     FATHER     GRANDMOTHER/FATHER     STEPMOTHER/FATHER     OTHER  
ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PARENT/GUARDIAN #2** NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 MOTHER     FATHER     GRANDMOTHER/FATHER     STEPMOTHER/FATHER     OTHER  
ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Parents are:  Married/Living Together     Divorced     Separated

Is there a custody agreement?     No     Yes (please describe)

Is there an advocate and/or attorney involved?     No     Yes (please describe)

REASON FOR REFERRAL: *In **2-3** sentences, please detail the reason for referral. **Provide specific, rather than general, concerns.** Describe academic, emotional, behavioral, and social concerns.*

What services and supports are the student currently accessing (e.g., social skills lunch group, Title 1 reading)?

Please describe interventions, what they targeted, who implemented interventions and outcomes to the present (please attach data collected):

- Are there languages other than English spoken in the home?  No  Yes \_\_\_\_\_
- Is or has there been ESL services?  No  Yes \_\_\_\_\_
- Is this an out-of-state transfer? (specify date became resident)  No  Yes \_\_\_\_\_
- Has this student ever been retained? (specify when)  No  Yes \_\_\_\_\_
- Is there a history of excessive absences/tardies? (specify absences for year)  No  Yes \_\_\_\_\_
- Is there a history of discipline?  No  Yes \_\_\_\_\_
- Has this student entered district SAP/MTSS/student services process?  No  Yes \_\_\_\_\_
- Regular sessions with school based mental health person/program?  No  Yes \_\_\_\_\_
- Is there a 504 Plan?  No  Yes \_\_\_\_\_
- Current education classification:  General Education  Special Education

<b>PLEASE ATTACH DOCUMENTATION (or check not applicable)</b>	
District vision and hearing screening by school nurse (within current school year)	<input type="checkbox"/> not applicable
Grades/academic data	<input type="checkbox"/> not applicable
Attendance record, truancy services, attendance improvement plans	<input type="checkbox"/> not applicable
Disciplinary records/manifestation determinations	<input type="checkbox"/> not applicable
FBA's and Behavior Improvement Plan (BIP)/Positive Behavior Support (PBS)	<input type="checkbox"/> not applicable
School Special Education Evaluation/Re-evaluation Reports	<input type="checkbox"/> not applicable
Outside providers diagnostic evaluation reports	<input type="checkbox"/> not applicable
Related service evaluation reports (OT, PT, Speech & Language, Vision, Audiological)	<input type="checkbox"/> not applicable
504 Plan	<input type="checkbox"/> not applicable
Significant medical/health problems; medications; medical documentation	<input type="checkbox"/> not applicable
Prior education records	<input type="checkbox"/> not applicable
Other:	<input type="checkbox"/> not applicable
Other:	<input type="checkbox"/> not applicable
SIGNED PTE/PTR	<input type="checkbox"/> not applicable

Additional comments/information: