

The School Board of Broward County, Florida
PARENTALLY PLACED PRIVATE SCHOOL STUDENTS
REQUEST FOR SPECIAL EDUCATION SERVICES

Parent Request
(Parent check all that apply)

Educational Evaluation

Private School Services

Reevaluation

Student Information

Name _____
(First) (Middle) (Last)

Date of Birth ____ / ____ / ____ Country of Birth _____ Race _____ Gender M ____ F ____

Current grade level _____ Attending on a McKay Scholarship? Yes ____ No ____

Home Address _____
(City) (Zip)

Parent First Name _____ Last Name _____

Home Phone (____) ____ - ____ Work Phone (____) ____ - ____ Parent Cell (____) ____ - ____

Parent Email _____ @ _____

Name of PUBLIC school child is assigned to attend _____

Private School Information

Name of PRIVATE school child is currently attending _____

Principal's Name _____ Teacher's Name _____

Street Address _____ Phone _____

City _____ Zip _____

Student History

Did your child ever attend a public school in Broward County? YES NO If yes, what was last year attended? _____

Has your child ever been evaluated by the school district? YES NO Do you have a private evaluation for your child? YES NO

Has your child had an Individual Education Plan (IEP) developed by the school district? YES NO

How did you hear about these services? _____

What are your concerns with your child? _____

Parent's Signature _____ Date _____
(not valid unless signed)

Your signature acknowledges that the Broward County School District may contact all parties listed above.

Email or Fax your completed form to the ESE Private School Services Office

School Board of Broward County
Exceptional Student Education- Private School Services

Email: ESEPSS@browardschools.com

Phone 754-321-3426

Fax 754-321-3448

KEEP A COPY FOR YOUR RECORDS