

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES**

Mississippi Department of Human Services
Division of Youth Services

Request for Testing

Student's Name _____ Date _____
Date of birth _____ Age _____

The above named student has been referred for special education services. Please note that his/her parent/guardian has given the school permission to test him/her for special education services. Attached is a copy of the parental permission form for your records.

Please let me know if you need any additional information.

We are requesting an evaluation of this child. We would like the assessment to include testing in each of the following the following areas:

- Educational
- Intelligence
- Psychological
- Achievement
- Functional Behavioral Assessment
- Motor
- Visual Motor
- Personality
- Other Please explain: _____
- Other Please explain: _____

In order to comply with state mandated deadlines, we expect this evaluation to be completed within the mandatory 60 days. Thereafter, the Multidisciplinary Evaluation Team (MET) and IEP Team/Committee meeting will be held to determine the nature of the disability, so that an appropriate program and necessary service might be developed.

Referring Staff's Signature

Date