ATTENTION

ADDITIONAL CONFIDENTIAL EVALUATION DATA ON:

_____

Student's Name D.O.B.

IS AVAILABLE BY SUBMITTING A REQUEST FOR RECORDS IN WRITING OR SUBMITTING A PARENT RELEASE REQUEST TO THE FOLLOWING ADDRESS:

SPECIAL EDUCATION COOPERATIVE
P.O. BOX 760
620 INDUSTRIAL
GODDARD, KS 67052

DETERMINED ELIGIBLE FOR SPECIAL EDUCATION SERVICES:

ACCORDING TO IDEA-R YES_____ NO _____

ENROLLED FOR SPECIAL ED SERVICES YES_____ NO_____

Date: _____

PLACE THIS "**ATTENTION"** SHEET IN CUMULATIVE FOLDER

ESC-560