

Troup County Schools  
Department of Exceptional Education  
Request for Psychological Services  
INITIAL EVALUATION

Name \_\_\_\_\_ School \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Race \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Case Manager \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Phone Numbers \_\_\_\_\_

Address \_\_\_\_\_

Include copies of the following:

- \*Copy of Tier III/SST Information: Progress Monitoring/Intervention Data
- \*Current Vision & Hearing - Must be no more than a year old (**Circle if applies: glasses, contacts, hearing device**)
- \*Attendance Records (Pre-K to present)
- \*Copy of Standardized test reports (e.g., CRCT, ITBS, GKIDS, etc.)
- \*Report Card/Progress Report(s) - (Pre-K to present)
- \*Social & Developmental History Form (current – no more than a year old)
- \*Previous Psychological/Other Pertinent Evaluations (if available)
- \*Copy of BIP/FBA (if applies and Anecdotal Records)
- \*Copy of Medical Update Form (If **Other Health Impairment/Attention Deficits** is suspected)
- \*Standardized Work Samples Form & Samples (Required for all cases *in the area(s) of concern*)
- \*Standardized Teacher Observation Form completed for areas of concern (Required for all cases)
- Parent Consent to Evaluate (Folder to EEC within 7 school days of parent signing consent to evaluate)**
- BASC-2 or Achenbach (Parent & Teacher(s) is required for all cases)
- BRIEF (Parent & Teacher(s) is required for all cases)
- ABAS-II (Parent & Teacher forms if **Intellectual Disability, Other Health Impairment or Autism** is suspected)
- Standardized Informal Adaptive Behavior Form (If **Intellectual Disability** is suspected)
- GARS/CARS (If **Autism Spectrum Disorder** is suspected)

**\*This information should be collected before consent is signed.**

This section is to be completed only if the student is an out-of-state transfer and has a current eligibility.  
(Circle all services that apply):

EBD SLD MIID MOID SID PID OI OHI VI HI DB SI SDD AUTISM SI OT PT

Additional testing or information needed to assist in eligibility determination:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE ONLY:**

Date Received at EEC \_\_\_\_/\_\_\_\_/\_\_\_\_    Vision Date(s) \_\_\_\_/\_\_\_\_/\_\_\_\_    Hearing Date (s) \_\_\_\_/\_\_\_\_/\_\_\_\_  
\*Date Psych Completed \_\_\_\_/\_\_\_\_/\_\_\_\_    Date Folder sent to school \_\_\_\_/\_\_\_\_/\_\_\_\_    Parent Consent \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Must be 7 days before the timeline expires

Eligibility/Placement must occur by this date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_