

**Complete this form to request an AT evaluation or consultation and fax to (708)354-0733.**

Contact Person's Email Address: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Student's Home District: \_\_\_\_\_

Is the team requesting an Evaluation or a Consultation?

- Evaluation
- Consultation

Main Area to Be Addressed

- Communication
- Access
- Writing
- Reading
- Math
- Executive Functioning
- Positioning
- Other: \_\_\_\_\_

Other Information... \_\_\_\_\_

\_\_\_\_\_

Has a domains been opened?

- yes
- no

Has the District Special Education Director/ Program Coordinator provided approval?

- yes
- no

Signature: \_\_\_\_\_

Have the parent(s) been informed?

- yes
- no

Preferred meeting dates/times: \_\_\_\_\_

Supporting education for all children in the community school districts:

53 Butler	94 Komarek	102 LaGrange	107 Pleasantdale
61 Darien	95 Brookfield-LaGrange Park	103 Lyons	204 Lyons Township High School
62 Gower	96 Riverside	105 LaGrange South	208 Riverside Brookfield High School
92 1/2 Westchester	101 Western Springs	106 LaGrange Highlands	