

**SPARTA TOWNSHIP PUBLIC SCHOOLS
CHILD STUDY TEAM-SPECIAL SERVICES**

C/O SPARTA HIGH SCHOOL
70 West Mountain Road
Sparta, New Jersey 07871
Fax 973-729-9742

REQUEST FOR SPECIAL EDUCATION EVALUATION

DATE: _____

CHILD'S NAME: _____

DATE OF BIRTH: _____ AGE: _____ GRADE: _____ GENDER: M / F

RACE: (Circle one): WHITE BLACK/AFRICAN AMERICAN AMERICAN INDIAN/ALASKAN
ASIAN HAWAIIAN NATIVE/OTHER PACIFIC ISLANDER

ETHNICITY: (Circle one): HISPANIC/LATINO NON-HISPANIC/LATINO

HOME LANGUAGE: _____

PLACE OF BIRTH: CITY: _____ STATE: _____
COUNTRY: _____ Renting _____

PRIOR EARLY INTERVENTION: _____ YES _____ NO

PARENT/GUARDIAN(S):

NAME: _____

ADDRESS: _____ EMAIL ADDRESS: _____

PHONE NUMBER(S): HOME: _____ CELL: _____

PLEASE LIST THE REASON FOR REFERRAL, CONCERNS OF
PARENT/GUARDIAN(S), PREVIOUS DIAGNOSIS, EVALUATIONS, ETC.

UPON COMPLETION AND SIGNING OF THIS FORM, PLEASE FORWARD TO:

Adrienne Castorina, Director of Special Services: adrienne.castorina@sparta.org

Supervisor of Special Services: cherie.shefferman@sparta.org

Anita Brill: anita.brill@sparta.org & Tracey Bouma: Tracey.bouma@sparta.org

OR MAIL TO: SPARTA SPECIAL SERVICES
70 WEST MOUNTAIN ROAD
SPARTA, NJ 07871

PARENT/GUARDIAN(S) SIGNATURE: _____ DATE: _____