

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

C/O SPARTA HIGH SCHOOL  
70 West Mountain Road  
Sparta, New Jersey 07871

Ronnie Spring, Director of Special Services 6-12  
Dr. Adrienne Castorina, Director of Special Services PK-5

Tel. 973-729-3165  
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: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER(S): HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

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

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

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

Ronnie Spring: [ronnie.spring@sparta.org](mailto:ronnie.spring@sparta.org)  
Adrienne Castorina: [adrienne.castorina@sparta.org](mailto:adrienne.castorina@sparta.org)  
Christina Torres: [christina.torres@sparta.org](mailto:christina.torres@sparta.org)

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

PARENT/GUARDIAN(S) SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_