



ORLEANS PARISH SCHOOL BOARD
Exceptional Children's Services
Request for Administrative Review

To: **Administrative Review Consultant**

Date: _____

From: _____

Student's Name: _____

Parent's Name: _____

Date of Birth: _____

Address: _____

SS# _____

Race: _____

Sex: _____

Phone Number: _____

Current School: _____

Parent's email _____

Grade: _____

Please complete the following information: Date parent/guardian notified of your request for administrative review: _____

A. Does the student have a current Louisiana Bulletin 1508 evaluation verified through ECS? (504) 304-4900

_____ YES

_____ NO

If yes, indicate the following and have SAT chairperson forward to Administrative Reviewer.

Classification: _____

Date of Dissemination: _____

B. Is the student currently receiving or has recently received special education services (**this includes Speech only, gifted and talented services**)? _____ Yes _____ No

C. Has the student been enrolled in your school for less than one year? _____ Yes _____ No

If yes, name of previous school: _____

D. Is this student in state custody? _____ Yes _____ No

If yes, give date of contact with Surrogate Parent: _____

Signature of Person Requesting Review

Parent Signature

ORLEANS PARISH SCHOOL BOARD
Exceptional Children's Services
Components Necessary to Request Approval for an Interim IEP for
Students Suspected of Severe Emotional Disturbance

Student's Name: _____ Date of Birth: _____

(This checklist must be completed and attached to submitted documents)

- ___ **Request for Administrative Review** (home address and phone number must be current).
- ___ **Social History** (Louisiana Bulletin 1508 Handbook – Psycho-Social Assessment)
- ___ **Copies of all Request(s) for SBLC/SAT Consideration** (ECS 300R) (must be completed and signed by SBLC/SAT). Please include outcome summaries for interventions and SBLC/SAT decisions.
- ___ **Copy of School Nurse Special Education Screening or Copy of Teacher Referral to School Nurse** if screening is not yet available.
- ___ **Copy of Request for Student Evaluation and Support Services** (ECS 300A-B).
- ___ **Psychiatric and/or Psychological Evaluation** (professional must make specific recommendations concerning appropriate school placement).
- ___ **Report on current status** of all psychiatric/psychological recommendations (other recommendations made by professional must be addressed prior to request for administrative review).
- ___ If the child is currently receiving **therapy**, is on **medication** or has been recently **hospitalized**, attach a copy of agency/private practitioner/hospital's diagnosis and recommendations.
- ___ Has the student been referred to the Interagency Service Coordination (ISC) Process?
___ Yes ___ No

If no, why was this process not considered?

Signature of Individual Requesting Consideration for Interim IEP