

Palos Heights School District 128  
Referral for a Case Study Evaluation

Dear Mrs. Leslie,

I am the parent/teacher (circle one) of \_\_\_\_\_,  
whose date of birth is \_\_\_\_\_, and who is a student in the \_\_\_\_\_ grade at  
\_\_\_\_\_ School.

I am referring this student for a special education case study/re-evaluation for the following reasons:

List your reasons here:

- 1.
- 2.
- 3.
- 4.
- 5.

I understand that if the school district accepts my referral request, the district must obtain parental consent prior to conducting the case study evaluation/re-evaluation. I also understand that the district has 60 school days to complete the evaluation from the date they receive consent. Finally, I understand that if the school district turns down my request, the district will provide me with written explanation of the reasons for not conducting a case study evaluation/re-evaluation.

Sincerely,

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Full name of referring person and relationship to student.

Please complete this additional information:

Student's full name with middle initial: \_\_\_\_\_

Parent's first and last names: \_\_\_\_\_

Student's home address: \_\_\_\_\_  
\_\_\_\_\_

Student's phone number: \_\_\_\_\_

Please return this form to: Cathy Leslie, Director of Special Education  
12800 S. Austin Ave., Palos Heights, IL 60463  
P-708-597-1285; F-708-597-4230