

The School Board of Broward County, Florida
PARENTALLY PLACED PRIVATE SCHOOL STUDENTS
REQUEST FOR SPECIAL EDUCATION SERVICES

Parent Request
(Parent check all that apply)

☐

Educational Evaluation

☐

Private School Services

☐

Reevaluation

Student Information

Name _____
(First) (Middle) (Last)

Date of Birth ____/____/____ Country of Birth _____ Race _____ Gender M _____ F _____

Current grade level _____ Attending on a Scholarship? Yes _____ No _____

Home Address _____
(City) (Zip)

Parent First Name _____ Last Name _____

Home Phone (____) ____ - _____ Work Phone (____) ____ - _____ Parent Cell (____) ____ - _____

Parent Email _____@_____

Private School Information

Name of PRIVATE school child is currently attending _____

Principal's Name _____ Teacher's Name _____

Street Address _____ Phone _____

City _____ Zip _____

Student History

Did your child ever attend a public school in Broward County? YES NO If yes, what was last year attended? _____

Has your child ever been evaluated by the school district? YES NO Do you have a private evaluation for your child? YES NO

Has your child had an Individual Education Plan (IEP) developed by the school district? YES NO

How did you hear about these services? _____

What are your concerns with your child? _____

Parent's Signature _____ Date _____
(not valid unless signed)

**An authorization for release of information will be requested so
Broward County Public Schools may contact all parties listed above.**

Email or Fax your completed form to the ESE Private School Services Office

School Board of Broward County
Exceptional Student Education- Private School Services

Email: ESEPSS@browardschools.com

Phone: 754-321-3426

Fax: 754-321-3448

KEEP A COPY FOR YOUR RECORDS