



**TULE RIVER EDUCATION DEPARTMENT
TULE RIVER TRIBAL COUNCIL**

SPECIAL NEED STATUS REQUEST

Student Name: _____

Grade: _____ **School:** _____

Parent/Guardian Name: _____

Address: _____ **Contact Phone #:** _____

I am requesting Special Need Status for one of the following reason:

- Medical**
- Learning Disabilities**
- Physical Disabilities**
- Other (explain)** _____

My student:

- Has a current Individual Education Plan (IEP)**
- Has a been placed on a current 504 Plan**
- Was evaluate but does not have a current IEP or 504 Plan. Evaluation date** _____
- Has not been evaluated by a school for an IEP or 504 Plan**
- Is in the process of testing for an IEP or 504 Plan. Date request submitted to school**

- Has been evaluated by a disability assessment facility and has been diagnosed with**

- Is in the process of evaluation by a disability assessment facility. Name, location, and date of initial assessment** _____
- Has not been evaluated by a disability assessment facility.**

Please attach any supporting documentation necessary to the Special Needs Status Request.

- I am NOT requesting a Special Needs Status for my student.**

Parent/Guardian Signature

Date

310 N. Reservation Road
Porterville, CA 93257
Telephone: (559) 784-6315 Fax: (559) 783-8140

568 W. Olive
Porterville, CA 93257
Telephone: (559) 781-1761 Fax: (559) 781-1922