



TULE RIVER INDIAN TRIBE OF CALIFORNIA

TULE RIVER EDUCATION REVIEW BOARD

SPECIAL NEED STATUS REQUEST

Student Name: _____

Grade: _____ School Name: _____

Parent/Guardian Name: _____

Address: _____ Contact Number: _____

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