

# TEHAMA COUNTY SPECIAL EDUCATION LOCAL PLAN AREA

A Cooperative Activity of the County's School Districts and Department of Education

## **Bilingual Speech and Language Evaluation Request**

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Date of Request: \_\_\_\_\_ Name of Referrer: \_\_\_\_\_

District: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Address \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

District Administrator Approval: \_\_\_\_\_

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Type of Evaluation: \_\_\_\_\_  Please attach SST notes

Referral question: \_\_\_\_\_

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### TCDE Office Use Only

Date District Notified: \_\_\_\_\_ Consent Date: \_\_\_\_\_

Date Received: \_\_\_\_\_ District Case Carrier: \_\_\_\_\_

Date Assigned: \_\_\_\_\_ Assigned To: \_\_\_\_\_

IEP Due By: \_\_\_\_\_ TCDE Administrator: \_\_\_\_\_