



321 Smaw Road
Washington, North Carolina 27889
252-946-6593
www.beaufort.k12.nc.us

Beaufort County Schools

STUDENT/FORMER STUDENT REQUEST FOR COPY OF EXCEPTIONAL CHILDREN RECORDS

STUDENT: _____ BIRTHDATE: _____

SCHOOL: _____ SCHOOL ADDRESS: _____

DATE OF REQUEST: _____

I hereby request a copy of the following from my Exceptional Children record. I am age 18 or older.

- 1. All assessments including:
 - a. _____ Intellectual (individual and group)
 - b. _____ Achievement (individual and group)
 - c. _____ Speech, Language, Hearing
 - d. _____ Medical, Vision
 - e. _____ Social History, Social-Emotional, Adaptive Behavior
 - f. _____ Functional Behavior Analysis
 - g. _____ Occupational/Physical Therapy
 - h. _____ Other Related Services Assessments

- 2. All forms used in the identification process:
 - a. _____ Initial Referral
 - b. _____ Parental Consent for Evaluation
 - c. _____ Parental Consent for Placement
 - d. _____ Parental Consent for Reevaluation
 - e. _____ Summary of Evaluation Results to Parent
 - f. _____ Multidisciplinary Team Report(s) Documenting Eligibility
 - g. _____ Reevaluation Documentation

- 3. Individualized Education Program:
 - a. _____ Goals and Objectives
 - b. _____ Service Delivery
 - c. _____ Documentation of Involvement in State Testing Program
 - d. _____ Special Considerations
 - e. _____ Extended School Year Eligibility Determination
 - f. _____ Behavior Intervention Plan
 - g. _____ Individual Transition Plan
 - h. _____ Progress Reports
 - i. _____ Formative Behavior Assessments
 - j. _____ Previous Manifestation Determination Results

- 4. Other documentation of the need for special education and related services:
 - a. _____ IEP Team Minutes
 - b. _____ IEP Team Documentation of Placement
 - c. _____ Pre-referral Data
 - d. _____ Anecdotal Notes or Observations
 - e. _____ Information from Other Involved Agencies

I appreciate your assistance in this matter. Please call me at the number listed below if you have questions.

Sincerely,

Name of Requesting Person Date Signature

Phone Number _____ Fax Number _____

