



Check evaluation components requested:

Evaluation Component	Evaluation
Physical/Medical*	
Social History*	
Psychological*	
Educational	
Occupational Therapy	
Physical Therapy	
Speech/Language	
Other:	
TOD- Teacher of Deaf	
TOVI- Teacher of Visually Impaired	

*\*These three components, in addition to an observation of a child in the natural setting, are required components of all initial CPSE evaluations, including transitions to EI.*

Please choose the other component based on the child's suspected disability.

If a child is **transitioning from EI** and you are recommending Psychological testing only, please make sure you check **educational evaluation**. The psychologist will then be responsible for pulling together the goals by being in contact with current EI providers.

Previous EI evaluation(s): \_\_\_\_\_yes \_\_\_\_\_no Report(s) attached: \_\_\_\_\_yes \_\_\_\_\_no

**Please forward all EI records to the evaluation team of the parent's choice.**

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Approved by CPSE Chairperson: yes no

CPSE Chairperson Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date faxed to evaluation team: \_\_\_\_\_ Date faxed to county: \_\_\_\_\_