

EASTHAMPTON PUBLIC SCHOOLS

EASTHAMPTON MUNICIPAL BUILDING



EASTHAMPTON
PUBLIC SCHOOLS

Michelle Balch, Superintendent

50 Payson Avenue, 2nd Floor
Easthampton, MA 01027
(413) 529-1500 TEL
(413) 529-1567 FAX
www.epsd.us



Parent/Guardian Referral for Special Education Evaluation

Child's Name: _____ Date of Birth: _____

School and Grade: _____

Parent/Guardian 1 Name: _____

Address: _____

Phone: _____ Email: _____

Primary Language: _____ Translator/Interpreter Needed: **Y / N**

Parent/Guardian 2 Name: _____

Address: _____

Phone: _____ Email: _____

Primary Language: _____ Translator/Interpreter Needed: **Y / N**

Easthampton Public Schools offers the option of having your child's IEP documents sent to you for signing via our digital signature platform, DocuSign. Please let us know how you would like to receive documents pertaining to your child.

Yes, I would like to utilize the digital signature platform for my child's IEP documents.

Preferred email address(es): _____

No, I would not like to use the digital signature platform and prefer to receive documents by postal mail.

Please answer the questions on the following page.

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1. Describe concerns you have for your child in the following areas: academic, social emotional or behavioral, ability to communicate, ability to focus and pay attention:

2. Please list any diagnoses or evaluations completed:

4. Describe your child's strengths:

Parent/Guardian Signature

Date