

OFFICE OF SPECIAL EDUCATION

BARNEGAT TOWNSHIP SCHOOLS
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DR. BRIAN LATWIS
Director of Special Education

DANIEL GUNDENSEN
District Supervisor of Special Education

INITIAL EVALUATION REQUEST

Dear Dr. Latwis:

I am requesting an evaluation be conducted for my child,

_____.

PRINT NAME

Date of Birth: _____

City and State of Birth: _____

Current Address: _____

Contact Phone Number: _____

Concerns that are prompting this request:

Parent/Guardian Name: _____

Signature: _____

Date: _____