



## Parentally-Placed Private School Student Consent and Registration Form SY25

### **CHILD / FAMILY INFORMATION**

Has a CPS ID? ☐ No ☐ Yes / CPS ID: \_\_\_\_\_ Date of Referral: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
 Child's Gender: ☐ F ☐ M ☐ Non-Binary ☐ Prefer Not to Disclose ☐ Other  
 Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Child's Primary Language: \_\_\_\_\_ Parent's Primary Language: \_\_\_\_\_  
 Interpreter Needed: ☐ No ☐ Yes / Language Needed: \_\_\_\_\_  
 Parent Name: \_\_\_\_\_ Parent Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_  
 Parent Address (if different than student): \_\_\_\_\_

### **AFFILIATE INFORMATION**

☐ Catholic ☐ Christian ☐ CPS Managed ☐ Homeschool ☐ Independent ☐ Jewish  
☐ Lutheran ☐ Parent ☐ Other: \_\_\_\_\_  
 Private School Name: \_\_\_\_\_ Private School Contact Name/Title: \_\_\_\_\_  
 Private School Contact Phone: \_\_\_\_\_ Private School Contact Email: \_\_\_\_\_

### **REASON FOR REQUEST**

☐ Initial Evaluation to determine if the student has a disability and is eligible for special education services  
☐ Reevaluation to determine Eligibility ☐ Special Reevaluation prior to Triennial ☐ Annual IEP Meeting  
☐ Request for Service Plan ☐ Request for 504 (Initial or Annual update) ☐ Other: \_\_\_\_\_

### **REFERRAL SOURCE**

☐ Screening Results ☐ Parent Request ☐ School Request ☐ Private / Independent Evaluation  
☐ Resubmission (additional documentation) ☐ Other

### **AREAS OF CONCERN**

☐ Cognitive / Academic ☐ Communication ☐ Motor: [☐ OT ☐ PT] ☐ Social / Emotional  
☐ Hearing ☐ Vision ☐ Health / Medical ☐ Other: \_\_\_\_\_

Describe the academic performance, behavior or other factors that suggest the need to evaluate the student for special education and/or related services (*attach additional documents separately as needed*):

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### **PARENTAL CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION AND REGISTRATION:**

I understand that before the evaluation can begin, I must provide consent on a separate form and that my signature below does not grant this consent to evaluate my child. I also understand that my input during this determination is valuable and I will provide supporting documentation for this evaluation. I am authorizing CPS to register my child as a non-attending student for purposes of this evaluation process or to create a service plan for my child.

- ☐ I agree that CPS can share all information and findings about my child with the CPS Affiliates and Private School personnel who will serve as a liaison between CPS and the private schools.
- ☐ I do not agree that CPS can share all information and findings about my child with the CPS affiliates mentioned above

Signature of Parent / Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this form and supporting documentation to the Chicago Public Schools' Office for Students with Disabilities at (Envíe este formulario y la documentación de respaldo a la Oficina para Estudiantes con Discapacidades de las Escuelas Públicas de Chicago al): [privateschoolevals@cps.edu](mailto:privateschoolevals@cps.edu);

Files should be no larger than 4 MB for each document. The preferred file format is PDF (Los archivos no deben tener más de 4 MB por documento. El formato de archivo preferido es PDF).