



Request for Special Education, Dyslexia, or Section 504 Services

Student Information

Student's Full Name: _____ Grade: _____

Date of Birth: _____ Teacher's Name: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

Services Requested

- Special Education
- Dyslexia
- Section 504

Reason for Request

Please describe any concerns about your child's academic, behavioral, social, emotional, or physical needs. Attach additional pages if necessary.

Has your child received any previous evaluations or services?

- Yes
- No

Does your child have any medical diagnoses that may impact their education?

- Yes
- No

Additional Information

Please include any interventions or support your child has received, such as RTI, tutoring, or behavioral interventions.

Parent/Guardian Signature

By signing below, I acknowledge that this request initiates the process for an evaluation under either Special Education or Section 504. The district will review this request and contact me regarding next steps. I understand that additional meetings or discussions may be required to gather relevant information and ensure appropriate support for my child.

Parent/Guardian Signature: _____ **Date:** _____

Submission Instructions

Please submit this form to the campus principal or special education coordinator at your child's school. If you have any questions, you may contact Runge ISD at (830)239-4315.

For Office Use Only

Date Request Received: _____ **Received By:** _____