| REQUESTING OFFICE NAME AND ADDRESS | | | ATT | ATTACH LABEL OR TYPE IN CLAIMANT NAME | | | | | | | | |
|--------------------------------------|---|---|--------------------------------|---------------------------------------|--|--------------------|---------------|-----------|------------|-----------------|----------|---------|
| | | | | | | | | | | | | |
| | Please ask the pe | erson(s) r | JEST FC nost far inue an | niliar v | with th | e child | l's re | cords to | o comp | lete this | form. | |
| Na | ame of School | | | | | | | | | | | |
| 1. | test/evaluation: | | | | | D | ate(s): | | | | | |
| | | | | | | | | | | | | |
| | Please send us copies of all speech/language testing, cu all other records that can he | rrent Ind Ip us eva | ividualiz iluate th | zed Ec le chil | lucatio d's fur | on Prog actioni | grams ng. | s, teach | er/ther | apist pro | ogress r | |
| 2. | Has the child been referred t services? If yes, to whom? | or asses | sment t | eam e | valuat | ion or | spec | ial class | s place | ment or | D | ate(s): |
| | | | | | | | | | | | | |
| 3. | Current Instructional Levels | Standar | dized A | ssess | ment | nstrun | nent | Score/F | ercent | <u>ile Rank</u> | | ate(s): |
| | Reading Level: | | | | | | | | | | | |
| | Math Level: | | | | | | | | | | | |
| | Written Language Level: | | | | | | | | | | | |
| 4. | Grade(s) repeated, if any: K 1 2 | 2 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | |
| | | | Ö | Ō | Ō | D | D | | | | | |
| 5. | Educational Disabilities, if an | iv: | | | | | | | | | | |
| | | Mental Retardation/Mentally Impaired/Intellectually Limited | | | | | ase speci | y) | | | | |
| | Hearing Impairment/Dearliess Speech or Language Impairment Visual Impairment/Blindness Emotional Disturbance/Behavior Disorder | | | | Specific Learning Disability (p Developmental Delay (please | | | | olease spe | cify) | | |
| | | | | | | | | | e specify) | | | |
| Orthopedic Impairment | | | | Multiple Disabilities (please s | | | specify) | | | | | |
| | Traumatic Brain Injury | | | | | | Second Second | | | | | |
| 6. | | | | | | | | | | | | |
| | Regular Education, no special instruction | | | | | Therapies, etc: | | | | Hours/ | veek: | |
| Special Ed. Instruction: Hours/week: | | | | Physical Therapy | | | | _ | | | | |
| | Inclusion - Sp. instr. in regula | . in regular class Physical Therapy | | | | | | | | | | |
| | Resource Room Self-contained, regular schoo | | | - | Counselling (please specify) | | | | | | | |
| | | Self-contained, regular school | | | | | | - | | | | |
| | Special school, non-public | | | | | <u></u> | | | | | | |
| | Residential | | | | | | | | | | | |
| Es | PLE rm SSA-5666 (04-2008) ef (12-20 | | OVIDE Y | | NAME age 1 | AND T | ITLE | ON NE) | I PAG |) <u> </u> | | |
| F0 | 111 33A-3000 (04-2000) el (12-20 | 00) | | 1-1 | ugo i | | | | | | | |

| ADDITIONAL COMMENTS | Use this section for continuation of any answers from page 1, and for any additional |
|------------------------------|--|
| information about this child | d's records that may help us obtain the information we need to evaluate the child's |
| functioning. | |

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| Name/Title | Date | Phone |
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| | | () – |
| Name/Title (If more than one person helped complete this form) | Date | Phone |
| | | () – |
| | | () – |

THANK YOU

The Privacy and Paperwork Reduction Acts

| The Social Security Administration is authorized (See r | revised th/s form under | er sections 1614 and 16 | 3 of the Social | Security |
|---|--|--------------------------|---------------------------------|------------|
| Act. Social Security needs this information to ma Papel | erwork laimant's clair | n. This form is authori | | |
| (a). While giving us the information on this form | te all or part of | f the requested inform | ation could preve | nt an |
| (a). While giving us the information on this form Reduced accurate or timely decision on the named claimant | mation you fu | mish is almost never us | sed for any purp <mark>o</mark> | se other |
| than making a determination about the claimant's disability | y, such information may be disclose | ed by the Social Securi | ity Administratio | n as |
| follows: (1) to enable a third party or agency to assist Soci | ial Security in establishing rights to | Social Security benefi | its and/or covera | ge; (2) to |
| comply with Federal I aws requiring the release of information | nation from Social/Security records | (e.g., to the General A | ccounting Office | and the |
| Department of Veterans Affairs); and (3) to facilitate statis | stical research and such activities r | ecessary to assure the i | integrity and imp | rovement |
| of the Social Security programs (e.g., to the Bureau of the | Census and private concerns unde | r contract to Social Sec | curity). | |
| | , | | | |

We may also use the information you give us when/we match records by computer. Matching programs compare our records with hose of Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it. Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security Offices. If you want to learn more about this, contact any Social Security office.

Paperwork Reduction Act Statement - This infor See Revised PRA equirements of 44 U.S.O. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not Budget control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. SEND THE COMPLETED FORM TO THE STATE AGENCY THAT REQUESTED IT. If you have questions about how to complete the form, contact the State Agency that requested it. If you need the address or phone number for your State Agency, you can get it by calling Social Security at 1-800-7/2-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21/235-6401. Send only comments relating to our time estimate to this address, not the completed form.

Form SSA-5666 (04-2008) ef (12-2008)

SSA will insert the following revised Privacy Act Statement into the form at its next scheduled reprinting

Privacy Act Statement Request for Administrative Information

Collection and Use of Personal Information

Sections 1614 and 1633 of the Social Security Act, as amended, and 20 CFR 416.924a(a), authorize us to collect this information. We will use the information you provide to make a decision on the named claimant's claim.

The information you furnish on this form is voluntary. However, failure to provide the requested information could prevent us from making an accurate and timely decision on the named claimant's claim.

We rarely use the information you supply for any other purpose than to make a decision on a claimant's disability. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

- 1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
- 2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans Affairs);
- 3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
- 4. To facilitate audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Explanations about these and other reasons why information you provide us may be used or given out are available in Systems of Records Notice 60-0089 (Claims Folder Systems). The Notice, additional information about this form, and any other information regarding our systems and programs, are available on-line at <u>www.socialsecurity.gov</u> or at your local Social Security office.

SSA will insert the following revised **PRA** Statement into the form at its next scheduled reprinting:

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 30 minutes to read the instructions, answer the questions, and collect school records. If you have questions about how to complete the form, contact the Requesting Office; see page 1, upper left corner, for the name, address, and phone number of the Requesting Office. If you need the address or phone number of the Requesting Office, you can get it by calling Social Security at 1-800-772-1213 (TTY 1-800-325-0778). SEND THE COMPLETED FORM TO THE REQUESTING OFFICE. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.* Send only comments relating to our time estimate to this address, not the completed form.