Form Approved OMB No. 0960-0646

RE	QUESTING OFFICE NAME AND ADDRESS	ATTAC	ATTACH LABEL OR TYPE IN CLAIMANT NAME								
	REQUEST FOR Please ask the person(s) most fami Continue any ans	liar with the	child's re	ecords to d		te this	form.				
N	ame of School										
1.	Has there been any recent evaluation or testing test / evaluation:	of this child	i? If yes,	kind(s) of			Date(s):				
	Please send us copies of all comprehensive evaluations, triennial assessments, psychological or slanguage testing, current Individualized Education Programs, teacher/therapist progress reports, a other records that can help us evaluate the child's functioning. Has the child been referred for assessment team evaluation or special class placement or										
2.	Has the child been referred for assessment teal services? If yes, to whom?	m evaluation	or spec	iai ciass p	aceme	ent or	Date(s):				
3.	Current Instructional Levels Standardized Asse	essment Inst	trument	Score/Per	centile	Rank	Date(s):				
	Reading Level:						, ,				
	Math Level:										
	Written Language Level:										
4.	Grade(s) repeated, if any:										
	K 1 2 3 4	5 6	7 	8 9	10	11	12				
5.	Educational Disabilities, if any:	se specify)									
	☐ Intellectual Disability ☐ Hearing Impairment/Deafness ☐ Speech or Language Impairment	ease specify)									
	 ☐ Visual Impairment/Blindness ☐ Emotional Disturbance/Behavior Disorder ☐ Orthopedic Impairment ☐ Developmental Delay (please s						specify)				
	☐ Autism ☐ Traumatic Brain Injury	I I IVII III II II II II II II II II II									
6.	☐ Inclusion - Sp. instr. in regular class ☐ Resource Room ☐ Self-contained, regular school ☐ Self-contained, special school ☐ Special school, non-public	gular Education, no special instruction cial Ed. Instruction: Conclusion - Sp. instr. in regular class Resource Room Self-contained, regular school Self-contained, special school					Hours/week:				

PLEASE PROVIDE YOUR NAME AND TITLE ON NEXT PAGE

ADDITIONAL COMMENTS Use this section for continuation of any answers from page 1, and for any additional information about this child's records that may help us obtain the information we need to evaluate the child's functioning.									
ame/Title	Date		Phone						
			()	_				
ame/Title (If more than one person helped complete this form)	Date		Phone						
			()					
	K YOU	See Revised P		Act					
Privacy Act	Statement	Statement Atta	ched						

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 levels; 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 www.socialsecurity.gov or at your local Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. 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.