REQUESTING OFFICE NAME AND ADDRESS	ATTACH LABEL OR TYPE IN CLAIMANT NAME

REQUEST FOR ADMINISTRATIVE INFORMATION

Please ask the person(s) most familiar with the child's records to complete this form.
Continue any answers as needed on next page.

Name of School

1. Has there been any recent evaluation or testing of this child? If yes, kind(s) of test / evaluation:	Date(s):

Please send us copies of all comprehensive evaluations, triennial assessments, psychological or speech/language testing, current Individualized Education Programs, teacher/therapist progress reports, and all other records that can help us evaluate the child's functioning.

2. Has the child been referred for assessment team evaluation or special class placement or services? If yes, to whom?	Date(s):

3. Current Instructional Levels	Standardized Assessment Instrument	Score/Percentile 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:

- ☐ Intellectual Disability
- ☐ Hearing Impairment/Deafness
- ☐ Speech or Language Impairment
- ☐ Visual Impairment/Blindness
- ☐ Emotional Disturbance/Behavior Disorder
- ☐ Orthopedic Impairment
- ☐ Autism
- ☐ Traumatic Brain Injury
- ☐ Other Health Impairment (please specify) ____________
- ☐ Specific Learning Disability (please specify) ____________
- ☐ Developmental Delay (please specify) ____________
- ☐ Multiple Disabilities (please specify) ____________

6. Placement and Related Services (Check all that apply):

- ☐ Regular Education, no special instruction
- ☐ Special Ed. Instruction

Special Ed. Instruction	Hours/week:
☐ Inclusion - Sp. instr. in regular class	________
☐ Resource Room	________
☐ Self-contained, regular school	________
☐ Self-contained, special school	________
☐ Special school, non-public	________
☐ Residential	________

Therapies, etc:	Hours/week:
☐ Occupational Therapy	________
☐ Physical Therapy	________
☐ Speech - Language Therapy	________
☐ Counselling (please specify) ____________	________
☐ Other (please specify) ____________	________

PLEASE PROVIDE YOUR NAME AND TITLE ON THE 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.

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

THANK YOU

Privacy Act Statement
Collection and Use of Personal Information

Sections 202, 223 and 1631(e) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from making an accurate and timely decision on the named claimant's eligibility for benefits.

We will use the information to make a determination of eligibility for benefits. We may also share your information for the following purposes, called routine uses:

1. To specified business and other community members and Federal, State, and local agencies for verification of eligibility for benefits under section 1631(e) of the Act; and

2. To Federal, State, or local agencies for administering cash or non-cash income maintenance or health maintenance programs.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0089, entitled Claims Folders Systems. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

See Revised Privacy Act & PRA Statements attached

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.***