



GENEVA COMMUNITY UNIT SCHOOL DISTRICT 304

OFFICE OF STUDENT SERVICES

227 N. Fourth Street, Geneva, Illinois 60134

Phone: (630)463-3060 Fax: (630)463-3069

Consideration of Outside Evaluation

Student Name: _____ Grade: _____ DOB: _____

Title of Report: _____

I request to schedule a meeting to review and consider the report listed above.

I do not want to schedule a meeting to review the report listed above, but I understand a copy will be shared with my child's team.

Parent/Guardian's Signature: _____ Date: _____

For office use only:

Date Sent to Agency:	Signature:
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