



**GENEVA COMMUNITY UNIT SCHOOL DISTRICT 304**

**OFFICE OF STUDENT SERVICES**

227 N. Fourth Street, Geneva, Illinois 60134

(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.

\_\_\_\_\_ The report listed above will be shared with my child's team, but does not require a meeting to reconsider their services or placement.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For office use only:*

Date Sent to Agency:	Signature:
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