

REQUESTING OFFICE NAME AND ADDRESS	ATTACH LABEL OR TYPE IN CLAIMANT NAME
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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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Educational Disabilities, if any:

<input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Hearing Impairment/Deafness <input type="checkbox"/> Speech or Language Impairment <input type="checkbox"/> Visual Impairment/Blindness <input type="checkbox"/> Emotional Disturbance/Behavior Disorder <input type="checkbox"/> Orthopedic Impairment <input type="checkbox"/> Autism <input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Other Health Impairment (please specify) _____ <input type="checkbox"/> Specific Learning Disability (please specify) _____ <input type="checkbox"/> Developmental Delay (please specify) _____ <input type="checkbox"/> Multiple Disabilities (please specify) _____
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6. Placement and Related Services (Check all that apply):

<input type="checkbox"/> Regular Education, no special instruction <input type="checkbox"/> Special Ed. Instruction	Hours/week:	Therapies, etc:	Hours/week:
<input type="checkbox"/> Inclusion - Sp. instr. in regular class <input type="checkbox"/> Resource Room <input type="checkbox"/> Self-contained, regular school <input type="checkbox"/> Self-contained, special school <input type="checkbox"/> Special school, non-public <input type="checkbox"/> Residential	_____ _____ _____ _____ _____	<input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech - Language Therapy <input type="checkbox"/> Counseling (please specify) <input type="checkbox"/> 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, 221, 223, 1614(a), 1631(e), and 1633 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 an accurate and timely decision on the named claimant's eligibility for benefits claim filed.

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

- 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 Social Security Act; and
- To Federal, State, or local agencies (or agents on their behalf), for administering income or health maintenance programs including programs under the Social Security Act.

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 Notices (SORN) 60-0089, Claims Folders System, as published in the Federal Register (FR) on October 31, 2019, at 84 FR 58422; and 60-0320, Electronic Disability (eDIB) Claim File, as published in the FR on June 4, 2020, at 85 FR 34477. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

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.**