



**ORLEANS PARISH SCHOOL BOARD**  
**Exceptional Children's Services**  
**Request for Administrative Review**

To: **Administrative Review Consultant**

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

SS# \_\_\_\_\_

\_\_\_\_\_

Race: \_\_\_\_\_

Sex: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent's email \_\_\_\_\_

A. Does the student have a current Louisiana Bulletin 1508 evaluation verified through a public school system?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

If yes, please include the evaluation with this form.

Classification: \_\_\_\_\_

Date of Dissemination: \_\_\_\_\_

B. Is the student currently receiving or has recently received special education services (**this includes Speech only, gifted and talented services**)? \_\_\_\_\_ Yes \_\_\_\_\_ No

C. Is this student in state custody? \_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_  
Parent Signature