East Central Special Education

16 South 8th St

New Rockford, ND 58356

Referral for Evaluation Services Outside of the Unit

**TO:** Name: 

Agency: 

Address: 

**RE:** Student:  D.O.B.: 

Address:  Phone: 



Reason for Referral:



Authorizations

East Central Special Education Unit will be responsible for any remaining evaluation costs incurred after:

1. Submission to family insurance, Medical Assistance or similar third party payments

in whatever amount allowed

2. A written report of evaluation results is received from the evaluators

As parent/guardian of , I hereby authorize the exchange of information between East Central Special Education/ School and the following individuals or agencies:

 

 

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Parent/Guardian Signature Date

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Authorized Administrator Signature Date