TO:

FAX #/Email:

FROM: The Pathways School - CHOOSE SITE

DATE:

RE: Request for Records for _____, _____, _____
(Student's Name) (ID number) (County)

In reviewing the above referenced student's information, it was found that the following records were missing:

DOCUMENT	DATE	NAME of EVALUATOR

- ☐ Psychological Assessment (signed)
- ☐ Educational Assessment (signed)
- ☐ OT Evaluation (signed)
- ☐ Speech Evaluation (signed)
- ☐ Medical Evaluation (signed)
- ☐ Psychiatric Evaluation (signed)
- ☐ MSA Scores
- ☐ PARCC Scores
- ☐ DC Assessments
- ☐ Other

- ☐ Immunization Records
- ☐ Days of Attendance for each school year (grades 9-12)
- ☐ Functional Behavioral Assessment
- ☐ Behavioral Intervention Plan
- ☐ Transcript
- ☐ Report Cards
- ☐ Hospitalization Records

☐ Please forward these documents to the above address. Thank you for your cooperation.

If you need to fax these documents, please fax to: The Pathways Schools Administrative Office
301-649-2598

Principal CHOOSE ONE