**JUSTIFICATION FOR ADDITIONAL EVALUATIONS**

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| --- | --- | --- |
| Child’s Name: | EI ID# | Date of Birth: |

* Request for additional Evaluation:

\_\_\_\_ST\_\_\_ OT\_\_ PT\_\_\_ Psych \_\_\_SI \_\_\_Nutrition \_\_\_ Audio \_\_\_Other\_\_\_\_\_\_

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1. CURRENT FUNCTIONING: (Outcomes worked on and met. Child’s response to services)
2. CONCERNS/REASON FOR REQUEST (Explain why request for an additional evaluation is made . Use specific examples/Parents’ Concerns)
3. RATIONALE FOR REQUEST (Why does a child need evaluation? Include the statement if parent agree with recommendations)

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Name/ Time of Person Completing Justification License No. Signature Date