

**AMARILLO INDEPENDENT SCHOOL DISTRICT  
SPECIAL EDUCATION DEPARTMENT**

**AMARILLO, TEXAS**

**Notice of Evaluation by Related Services Personnel**

Date \_\_\_\_\_ Campus \_\_\_\_\_

To the Parents of \_\_\_\_\_

We have referred your child for a(n) \_\_\_\_\_ evaluation  
RELATED SERVICE  
to determine if that service is necessary for your child. The evaluation will be done by a district employee  
and will involve obtaining information from the child's teacher, observing the child in the school setting,  
and working with the child informally. No formal standardized tests will be administered. The results of the  
evaluation will be discussed in the next ARD meeting scheduled. If you would like more information about  
this referral for evaluation, please call.

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Telephone Number