	DS NAME AND ADDRESS	ATTACH LAE	ATTACH LABEL OR TYPE IN CLAIMANT NAME AND SSN			
				_		
	Please ask the person(s) most famil	ADMINISTRATIVI iar with the child' inswers as neede	's records to com	plete this	form.	
Na	ame of School					
1.	Has there been any recent evaluation or testing test/evaluation:	of this child? If	yes, kind(s) of		Date(s):	
	Please send us copies of all comprehensive ev speech/language testing, current Individualized all other records that can help us evaluate the	d Education Progr child's functionin	rams, teacher/the g.	rapist pro		
2.	Has the child been referred for assessment tea services? If yes, to whom?	m evaluation or s	pecial class plac	ement or	Date(s):	
	Current Instructional Levels Standardized Ass	osemont Instrum	ont Scoro/Porcor	ilo Pank	Date(s):	
J .	Reading Level:	sssment mstram	SIII OCOTE/I CICCI	itile Italik	Date(3).	
	Math Level:					
	Written Language Level:					
4.	Grade(s) repeated, if any:		0 0 10	44	40	
		5 6 7 7 17 17	8 9 10 П П П	11 П	12 □	
5.	Educational Disabilities, if any: Mental Retardation/Mentally Impaired/Intellectually Limited Hearing Impairment/Deafness		Other Health Imp			
	Speech or Language Impairment		Specific Learning Disability (please specify)			
	 ☐ Visual Impairment/Blindness ☐ Emotional Disturbance/Behavior Disorder ☐ Orthopedic Impairment 		Developmental Delay (please specify)			
	☐ Autism ☐ Traumatic Brain Injury		Multiple Disabilities (please specify)			
6.	Placement and Related Services (Check all that Regular Education, no special instruction Special Ed. Instruction: Hours/week: Inclusion - Sp. instr. in regular class Resource Room Self-contained, regular school Self-contained, special school	Ther. Occu Physi Spee	rapies, etc: upational Therapy ical Therapy ech - Language Therapy nselling (please specify)		Hours/week:	
	☐ Special school, non-public ☐ Residential PLEASE PROVIDE YOU		r (please specify) TLE ON NEXT PAGE			

Form **SSA-5666** (05-2004) ef (05-2004)

ADDITIONAL COMMENTS Use this section for continuation of any answers from page 1, and for any additional information about this child's records that may help us obtain the information we need to evaluate the child's functioning.							
Name/Title	Date	Phone					
		() –					
Name/Title (If more than one person helped complete this form)	Date	Phone () –					
THAN	l K YOU	/					
	rwork Reduction Acts -						
The Social Security Administration is authorized to collect the information. Collect Security needs this information to make a decision on the matter (a). While giving us the information on this form is voluntary, failure to accurate or timely decision on the named claimant's claim. Although the than making a determination about the claimant's disability, such inform follows: (1) to enable a third party or agency to assist Social Security in comply with Federal Laws requiring the release of information from Social Security programs (e.g., to the Bureau of the Census and programs Security programs (e.g., to the Bureau of the Census and programs are also programs and programs and programs are also programs and programs and programs are also programs are also programs are also programs.	lamed claimant's claim. This form of provide all or part of the request ne information you furnish is almonation may be disclosed by the Son establishing rights to Social Security records (e.g., for the Contain Such activities necessary to a	atis authorized under CFR [416.924a] ed information could prevent an stratever used for any purpose other cial Security Administration as rity benefits and/or coverage; (2) to seneral Accounting Office and the ssure the integrity and improvement					
We may also use the information you give us when we match records to Federal, State, or local government agencies. Many agencies may use a paid by the Federal government. The law allows us to do this even if you information you provide us may be used or given out are available in Second Security of fice.	natching programs to find or provoudo not agree to it. Explanation	e that a person qualifies for benefits a sabout these and other reasons why					
Paperwork Reduction Act Statement This information collection in the Paperwork Reduction Act of 1995. You do not need to answer thes Budget Control number. We estimate that it will take about 15 minutes SEND THE COMPLETED FORM TO THE STATE AGENCY THAT form, Contact the State Agency that requested it. If you need the address Social Security at 1-800-772-1213. You may send comments on our time 21235-6401. Send only comments relating to our time estimate to this	e questions unless we display a va foread the instructions, gather the REQUESTED IT. If you have questo riphone number for your State are estimate above to: ISSA, I338 A	lid Office of Management and lifacts, and answer the questions. lestions about how to complete the Agency, you can get it by calling linnex Building, Baltimore, MD					