

Jackson Public School District
Office of Exceptional Education Services

621 South State Street
Jackson, MS 39201

Child Find Referral to Multidisciplinary Evaluation Team

(Within 2 Calendar Days of Parent and/or TST Request)

Date: _____

The MTSS/Teacher Support Team at _____ is requesting a
Multidisciplinary Evaluation Team review for _____.

This request is being made due to:

☐ Lack of Response to Intervention

☐ Parent Request

☐ Current 504 Plan

☐ Re-evaluation/Section 504

☐ Other: _____

Please Complete the Following Information:

Parent Name: _____

Contact Number: _____

Address: _____

To Be Completed by the Child Find/Eligibility Division

Date of Receipt: _____

Date of MET: _____

Decision:

☐ Refer for Comprehensive Evaluation

☐ Refer to TST for Continued Interventions

☐ Refer for 504 Plan