

PLEASE
PRINT

**AMARILLO INDEPENDENT SCHOOL DISTRICT
SPECIAL EDUCATION DEPARTMENT**

AUTHORIZATION FOR PAYMENT

Date submitted _____ Deadline for evaluation _____

Student Name _____ Gender _____ Age _____

D.O.B. _____ Grade _____ School _____

Parent Name _____ Home/cell phone # _____

Parent Address _____ Zip _____ Work phone # _____

Reason for referral: Parent request ARD committee request
 Identify physical/psychological condition(s) related to eligibility/need for Special Education
 Reevaluate previously diagnosed condition. Specify: _____
 Obtain prescription for related service: Occupational therapy Physical therapy
 Other: _____

Suspected Disability: Auditory Impairment Deaf-blindness Visual Impairment Orthopedic Impairment
 Emotional Disturbance Other Health Impairment Traumatic Brain Injury
 Other: _____

**** The appropriate Documentation of Disability report(s) to be completed is/are attached to this authorization.****

Reason disability is suspected:

History: Parent report of student's medical history Written medical/psychological records
 Previous diagnosis of disability related to medical condition
Current: Behavioral concerns Reported symptoms Observed symptoms
 Other: _____

Description of behaviors/symptoms/medical history relevant to requested evaluation: _____

Specific evaluation requested: ADD/ADHD Audiological/AI Otological Vision Medical Voice
 Psychological Audiological/CAPD Other: _____

Diagnostician submitting request: _____ Home campus: _____

SEND REPORT OF EXAMINATION AND BILL TO:
Amarillo Independent School District
Special Education Department
7200 I-40 West
Amarillo, TX 79106-2598
Attention: Sandy Matney

ATTENTION Physician or other Evaluator:
The AISD will NOT be financially responsible for any examination or procedures not authorized on this form without additional separate, pre-approved authorization. Please contact an AISD Special Education director through Sandy Matney at 326-1347 to initiate consideration for any other procedure recommended. Thank you.

----- Special Education Department use only -----

Evaluator: _____ Appointment Date/Time: _____

Notified: Parent _____ School _____ Report received: _____