

SPECIAL EDUCATION  
Wenatchee School District  
112 South Elliott  
Wenatchee, WA 98802  
509-663-7117

**REQUEST TO REVIEW PSYCHOLOGICAL FILES**

I understand that an appointment for review shall occur within five school days after a request is received.

I understand that the Director of Special Education or his/her designee will be available to interpret any of the information.

I understand one free copy of the report will be provided upon request, additional copies will be made at the cost of materials and use of equipment.

STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

Birth date: \_\_\_\_\_

Parent/Guardian making request: \_\_\_\_\_

Address and Phone No.: \_\_\_\_\_

\_\_\_\_\_

Phone Request

Request made in person

\_\_\_\_\_  
Signature of Parent/Guardian/Adult Student

\_\_\_\_\_  
Date

Assigned Psychologist: \_\_\_\_\_

Past Psychologist: \_\_\_\_\_