

# Minutes \_\_\_\_\_

OFFICE OF LARRY E. REIDER  
KERN COUNTY SUPERINTENDENT OF SCHOOLS  
*Advocates for Children*

Job # \_\_\_\_\_

**Special Education Word Processing Request**

Please send completed document to:  City Centre  Richardson  Other: \_\_\_\_\_ (School/Site)

Originator: \_\_\_\_\_ Phone/Ext. \_\_\_\_\_ Date Draft Needed: \_\_\_\_\_

A & S  Program  Selpa  Other: \_\_\_\_\_ IEP Meeting Date: \_\_\_\_\_

**Type of Job:**  Ed. Eval.  Hlth. Sum.  S&L Eval.  Counselor's Interview  
 APE  OT  Psy. Eval.  Other: \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **CA:** \_\_\_\_\_

EVAL. DATE: \_\_\_\_\_  1st Draft  2nd Draft  Final

RPT. DATE: \_\_\_\_\_  Letterhead \_\_\_\_\_

DIST: \_\_\_\_\_  Copies \_\_\_\_\_ Spacing: 1, 2, 3

SCH: \_\_\_\_\_ Gr. \_\_\_\_\_ Special Instructions: \_\_\_\_\_

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**Please mark all revisions in RED ink for easy recognition**

Date Second Draft Needed: \_\_\_\_\_ Date Final Needed: \_\_\_\_\_

Number of Finals Needed: 1 original plus \_\_\_\_\_ copies.

**For Word Processing Department Use**

Date Request Received by Word Processing \_\_\_\_\_ Date First Draft Completed \_\_\_\_\_

# Pages \_\_\_\_\_ Job Time \_\_\_\_\_ Operator \_\_\_\_\_

Documents Created and Storage \_\_\_\_\_

**Revision Information**

Date Returned to Word Processing \_\_\_\_\_

Date Revisions Were Completed \_\_\_\_\_

Additional Pages \_\_\_\_\_ Job Time \_\_\_\_\_ Revising Operator \_\_\_\_\_

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