



# Dickerson Middle School

**Cobb County School District**  
*“One Team, One Goal: Student Success”*

**Bradley Blackman**  
*Principal*

## **TEACHER EVALUATION/RECOMMENDATION REQUEST**

Student Name: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Name of Requesting Parent/Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Request\*: \_\_\_\_\_

\* Please allow up to 10 school days for staff to complete the requested form.

### **REASON FOR REQUEST:**

- Medical Evaluation (ex: Psychiatrist, Psychologist, Pediatrician)
- Educational Planning (ex: Private school application)
- Other (specify): \_\_\_\_\_

### **EVALUATION/RECOMMENDATION FORMAT:**

- Online (Links will be sent from the school/provider to teachers/counselor/administrator)
- Paper

### **THESE FORMS MAY BE FORWARDED TO:**

Name/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*Completed forms are sent directly from Dickerson to the third party indicated above.*

**If you would like a specific teacher/counselor/administrator to complete the recommendation, please indicate in the area below.**

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_