



**GREATER MINNESOTA PSYCHOLOGICAL ASSESSMENTS  
FOR DEAF, HARD OF HEARING & DEAFBLIND STUDENTS**

**ONE HOUR EVALUATION FOLLOW-UP MEETING REQUEST FORM**

**\*Please note, the psychologist will conduct all follow up meetings via phone\***

Person requesting meeting(s): \_\_\_\_\_

Please indicate number of meetings desired (1,2 or 3) \_\_\_\_\_

Role: \_\_\_\_\_ Email: \_\_\_\_\_

Student Name \_\_\_\_\_

What are the top 3 specific questions/issues that you would like addressed?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

If there is enough time, what other questions would you like addressed?

- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

Will this meeting be an IEP meeting?      Yes      No

If it is an IEP meeting, what is your expectation of the psychologist's role at this meeting?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*After completing follow-up meeting request form, please mail to Dolly Carr, 2 Pine Tree Drive, Suite 101, Arden Hills, MN 55112. Fax number 612-706-0811.*

*The psychologist will contact you within 3 business days regarding the date and time of the appointment. If you do not hear from the psychologist within that time, please contact Dolly Carr at 612-638-1529.*

\*\*\*\*\*

The GM Launch PAD program is made possible by a grant from Deaf/Hard of Hearing Services, a division of the Minnesota Department of Human Services.