

Request for Student Services

Part I: Student Information

Student's Full Legal Name (First, MI, Last)		Student Also Known As	SSID	Date of Birth	Age
Teacher's Name	Grade	Attending School	Resident School	Resident District	
Date of Request	Person Requesting Service		Relationship to Student		
Requestor's Phone Number	Requestor's Email Address				
Disability Codes	Current IEP/IFSP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Special Services			
Parent/Legal Guardian Name		Student's Medical/Health Problems			
Parent/Legal Guardian Address, City, State, Zip			Home Phone	Work Phone	

Part II: Areas of Concern *(Briefly explain why the student is being referred)*

Part III: Services Requested *(Please mark below)*

<input type="checkbox"/> INITIAL EVALUATION <input type="checkbox"/> Autism Services (541) 776-8554 <input type="checkbox"/> Deaf/Hard of Hearing Services (541) 245-5196 <input type="checkbox"/> Occupational Therapy (541) 776-8552 <input type="checkbox"/> Physical Therapy (541) 776-8552 <input type="checkbox"/> Traumatic Brain Injury (541) 776-8551 <input type="checkbox"/> Vision Services (541) 245-5196 <input type="checkbox"/> Psychology Services (541) 776-8554 <input type="checkbox"/> Behavior Evaluation (may include Adaptive, FBA, Autism) <input type="checkbox"/> Counseling or Skills Training <input type="checkbox"/> Curriculum Based Assessment <input type="checkbox"/> Intellectual Evaluation <input type="checkbox"/> Intervention/Progress Monitoring <input type="checkbox"/> TAG <input type="checkbox"/> Other: _____ <input type="checkbox"/> Bilingual Speech/Language Evaluation	<input type="checkbox"/> THREE YEAR RE-EVALUATION <input type="checkbox"/> Autism Services (541) 776-8554 <input type="checkbox"/> Psychological Services (541) 776-8554 <input type="checkbox"/> Behavior Evaluation (may include Adaptive, FBA, Autism) <input type="checkbox"/> Adaptive Behavior Only <input type="checkbox"/> Intellectual Evaluation <input type="checkbox"/> Intervention/Progress Monitoring <input type="checkbox"/> Curriculum Based Assessment <input type="checkbox"/> Other: _____ <input type="checkbox"/> Bilingual Speech/Language Evaluation
Required Documents for Evaluation	
<ul style="list-style-type: none"> - Prior Notice About Evaluation/Consent for Evaluation - Eye Specialist's Report for Vision Services - Medical Statement for Autism, Deaf/HH, OI and TBI Services 	<ul style="list-style-type: none"> - Audiological Report for Deaf/Hard of Hearing Services - Signed Release is Required for Deaf/HH and Vision Impaired Services for direct communication between ESD and Medical Specialist, i.e. Audiologist or Eye Specialist.

<input type="checkbox"/> REGIONALLY ELIGIBLE STUDENT MOVED INTO DISTRICT <input type="checkbox"/> Autism Services (541) 776-8554 <input type="checkbox"/> Deaf/Hard of Hearing Services (541) 245-5196 <input type="checkbox"/> Occupational Therapy Services (541) 776-8552 <input type="checkbox"/> Physical Therapy Services (541) 776-8552 <input type="checkbox"/> Traumatic Brain Injury (541) 776-8551 <input type="checkbox"/> Vision Services (541) 245-5196 Required Documents: <ul style="list-style-type: none"> - Eligibility Statement(s) - Functional Communication Assessment for Autism - Medical Statement for Autism, Deaf/HH, OI & TBI Services 	<input type="checkbox"/> STEPS SERVICES (K-12) (541) 776-8551 <input type="checkbox"/> TRANSITION SERVICES (541) 776-8551 <input type="checkbox"/> STEPS PLUS SERVICES (541) 776-8551 Required documents for STEPS, STEPS PLUS, & Transition Services: <ul style="list-style-type: none"> - Current IEP/IFSP - Eligibility Statement(s) - Evaluation Report(s)
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Part IV: Signature

Signature of Special Education Coordinator/Director	Date	Phone Number
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