

SCHOOL DISTRICT REQUEST FOR IU8 AUTISTIC SUPPORT SERVICE
SCHOOL-AGE PROGRAM

REQUEST FOR AUTISTIC SUPPORT SERVICE	DATE OF REFERRAL:	
SCHOOL DISTRICT:	STUDENT NAME:	
BUILDING STUDENT ATTENDS:	DATE OF BIRTH:	
REQUEST SUBMITTED BY:	STUDENT'S <u>CURRENT</u> EDUCATIONAL PROGRAM:	
<input type="checkbox"/> Director/Supervisor Name: _____ Phone: _____ Email: _____ <input type="checkbox"/> Principal Name: _____ Phone: _____ Email: _____ <input type="checkbox"/> Other: _____ Name: _____ Phone: _____ Email: _____	<input type="checkbox"/> Regular Education <input type="checkbox"/> Learning Support <input type="checkbox"/> Emotional Support <input type="checkbox"/> Life Skills Support <input type="checkbox"/> Multiple Disabilities <input type="checkbox"/> Speech and Language <input type="checkbox"/> Blind-Visually Imp. <input type="checkbox"/> Deaf & Hard of Hearing <input type="checkbox"/> Physical Support	<input type="checkbox"/> Itinerant <input type="checkbox"/> Supplemental <input type="checkbox"/> Full Time <input type="checkbox"/> NA
	ADDITIONAL SERVICES STUDENT RECEIVES:	
	<input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Other Additional Service(s): _____ _____	

PARENT(S)/GUARDIAN(S) NAME(S):	PLEASE DESCRIBE THE AUTISTIC SUPPORT SERVICES YOU ARE REQUESTING:	
ADDRESS:	NUMBER OF SESSIONS (For example, 14 times per marking period):	
	LENGTH OF SESSIONS (For example, 30 minutes):	
PLEASE INCLUDE THE FOLLOWING DOCUMENTS WHEN SUBMITTING REQUEST:	WILL THE IU TEACHER BE ASSIGNED AS THE:	
<input type="checkbox"/> Student's most recent <u>evaluation report</u> <input type="checkbox"/> Student's <u>current IEP, including PBSP</u> <input type="checkbox"/> Additional information/report documenting the diagnosis of Autism Spectrum Disorder	<input type="checkbox"/> Contributor or <input type="checkbox"/> Case Manager	
Signature of district administrator/LEA authorized to request IU8 special education services:	Scan or Fax this form, along with requested information to:	Christine Lewis, IU8 Supervisor Educational Development Center Duncansville, PA 16635 clewis@iu08.org FAX: (814) 695-5652 Questions? Call (814) 502-0508
_____ Signature _____ Date	DATE REQUEST RECEIVED BY IU8:	