

DISTRICT REQUEST FOR STUDENT SERVICES

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☐ Screening

☐ Evaluation

☐ Consultation

District Requesting Service:

☐ Batavia
☐ Bethel-Tate
☐ Clermont Northeastern

☐ Felicity Franklin
☐ Goshen
☐ Milford
☐ Other: _____

☐ New Richmond
☐ West Clermont
☐ Williamsburg

Please complete the following information in detail to ensure faster processing. ***This request will not be processed without complete information.***

Student:	DOB:	Guardian:
Building:	Age:	Address:
Teacher:	Grade:	Phone:

Areas Requested/Information Needed (check all that apply)

****A copy of a signed parent permission form must be attached for all services.**

SERVICE REQUESTED	INFORMATION/FORMS NEEDED
☐ Assistive Technology/Augmentative Communication Consultation	Prior Written Notice (PR-01) Consent to Evaluate (PR-05) Referral for Assistance from outside agency
☐ Autism Diagnostic Observation Schedule (ADOS)	Prior Written Notice (PR-01) Consent to Evaluate (PR-05)
☐ Behavioral Intervention Consult	Best time to consult with staff _____ Best time to observe student _____
☐ CEC-North	Best time to observe student _____
☐ CEC-South	Best time to observe student _____
☐ Educational Interpreter	N/A
☐ Independent Educational Evaluation (IEE)	Parent Permission for IEE
☐ Occupational Therapy	Fine Motor Checklist
☐ Physical Therapy	Gross Motor Checklist MD Prescription
☐ Structured Teaching Consultation	Best time to consult with staff _____
☐ Supplemental Services Teacher-Hearing	Audiological Report



Educational Service Center
Innovation & Excellence
SPECIAL EDUCATION

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Reason for Request (please indicate specific educational concerns):

Medical Diagnosis: _____

Person Making Referral: _____ Title: _____

Phone: _____ Email: _____

**PLEASE ATTACH EVALUATION INFORMATION (ETR AND/OR CURRENT IEP)
AND**

*****A copy of a signed parent permission form.***

District Administrator Signature

Date

Please sign and email to:

Beth Parker
Clermont County Educational Service Center
2400 Clermont Center Drive, Suite 100
Batavia, OH 45103
(513) 735-8300
(513) 586-0370 (fax)
Parker_b@ccesc.org

Office Use Only:

Date Received: _____

Date Processed: _____

Assigned Personnel: _____