

State College Area School District

Special Education Office, 154 West Nittany Avenue, State College, PA 16801-4899

Telephone 814-231-4172 Fax # 814-231-4103

Request for Assistance

| Hearing | Occupational Therapy | Physical Therapy | Vision |
|---|----------------------|---|-------------|
| Name _____ | | Date of Birth _____ | Grade _____ |
| Date of Request _____ | School _____ | Teacher _____ | |
| Parent's Name _____ | | Phone Number _____ | |
| Address _____ | | | |
| Current Educational Program _____ | | | |
| Approved by: _____ | | | |
| Signature of Building Principal | | Signature of Dir./Assist. Director of Special Education | |
| Statement of Concern | | | |
| Describe what you are seeing: | | | |
| How is this concern impeding educational progress? | | | |
| What techniques/interventions have been used? (Include all previous or current consultations/screenings.) | | | |
| Form Completed by: _____ | | | |
| (Signature) | | (Position) | |

Upon completion of this form, a specialist will make an effort to contact you. It may be that classroom consultation on adapted activities could assist you. In the event that an evaluation is recommended by the team, it will be necessary to obtain parent consent. This can be accomplished with the Notice of Intent to Evaluate. In addition, Permission to Exchange Information with the student's medical practitioner should be completed.

Please return completed form to: Special Education Office, 154 West Nittany Avenue, State College, PA 16801