SERVICE REQUEST FORM

__AUDIOLOGY | __HEARING ITINERANT | __VISION ITINERANT |__O&M SERVICES I __INTERPRETER (HI)

STUDENT INFORMATION

Please complete the student demographic information below for whom you are requesting a SASED service. If this is a **new request, the student had a break in services (**1 year or more), **or Intake/Move-in** you must complete sections 1 & 2. **An authorized school representative consent is required.**

If this is an **Annual Audiological Service** (i.e. the student has a current IEP/504/ISP with listed service), an authorized consent is **not needed.** Only complete Section 1 & 2 and attach a copy of the current related service page or 504/ISP equivalent.

Please Indicate Type of Request: [ ] New Request [ ] Intake/Move-In [ ] Reinstated IEP [ ]Current Annual Service

Section 1: Basic Student Demographic Information

Legal Last Name, First Name:		
Date Of Referral:	**Date of Birth:**	**Age: Grade:**
Home School/District:	**Gender**:	
Serving School/District (If Different):	**Primary Language:**	
School Phone Number:		
Current Educational Plan: ☐ IEP ☐ 504 ☐ ISP ☐ None		
(If Applicable) Annual Review Date/504 Plan Date: Evaluation Date:		
Teacher Name/Phone or Email:		
Name of Person Completing Form/Phone or Email: **___ Language Interpreter: Language: _____ or ___ Signing Interpreter Needed:**		

Section 2: Additional Student Demographic Information

Administrator Name:	**Current Environment:** ☐Gen. Ed. ☐Multi-Needs ☐Therapeutic Day ☐Autism Program ☐Cross-Cat. ☐Behavior Program ☐Transition ☐Other:
Administrator Contact:	
Parent/Guardian Name:	
Relation To Student:	
Parent/Guardian Phone Number/Email:	
Emergency Contact Name/Phone Number:	
(Move-ins Only) Services Listed: [ ] Audiology Eval. ___Direct/Consult Minutes [ ] Vision Itinerant Services: Minutes Per Week ___ Direct/Consult____ [ ]Hearing Itinerant Services: Minutes Per week___ Direct/Consult____ (Move-ins Only) Services Listed: [ ]Orientation & Mobility: minutes per week___ Direct/Consult____ [ ] Interpreter: minutes per week_____	
(Move-ins Only) Notes/Equipment Needed:	

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SERVICE REQUEST DIRECTIONS

New requests, students with a break in IEP service or intakes/move-ins REQUIRE consent from an authorized school representative. If this is an Annual Audiology request (i.e. the student has a current IEP/504/ISP with the listed service) or, an authorized consent is not needed.

All service requests must be scanned or faxed with required documents to Lynne Mennel at lmennel@sased.org or fax 331-903-1544. If you have any questions, please call SASED directly at (630) 955-8113.

Please indicate service requested with an X (descriptions underneath)

____ Audiology Evaluation
____ Educational Hearing Assessment
____ Educational Vision Assessment
____ Orientation & Mobility Evaluation
____ Interpreter (Hearing Impairment)

Audiology Evaluation Description
An audiology evaluation consists of an assessment of the student's hearing sensitivity, speech reception and discrimination abilities, impedance testing and, if applicable, aided performance. Audiological evaluations are off-site at the SASED Audiology Department.

Educational Hearing Assessment Description
An educational hearing assessment may consist of an evaluation of a child's listening comprehension of language in the school setting; through observation(s), formalized testing, and consultation with district staff. The evaluation results will assist in recommendations regarding itinerant services, trial use of an assistive listening device and accommodations related to the student's hearing loss

Educational Vision Assessment Description
An educational vision assessment is an evaluation of the day-to-day visual skills of a student who has a visual impairment and the impact it has on his/her learning in the classroom environment. The evaluation results will assist in recommendations regarding vision services.

Orientation and Mobility Assessment Description
An orientation and mobility (O&M) assessment examines the ability of a student with a vision impairment to travel safely, independently, and efficiently through their environment.

Interpreting Services for Student with Hearing Impairment
Student requires interpreting services in their educational environment to access his/her instruction & curricula.

AUTHORIZED SCHOOL REPRESENTATIVE CONSENT

THE SIGNATURE BELOW VERIFIES THAT THE PARENT(S)/GUARDIAN HAVE HAD THEIR EDUCATIONAL RIGHTS EXPLAINED TO THEM BELOW ALSO VERIFIES THAT THE PARENT(S)/GUARDIAN HAVE BEEN INFORMED THAT SASED STAFF WILL BE INVOLVED.

_____ *EMAIL/PHONE:* _____
SIGNATURE OF PERSON SUBMITTING *DATE*

_____ *EMAIL/PHONE:* _____
SIGNATURE OF AUTHORIZED SCHOOL REPRESENTATIVE *DATE*

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REQUIRED DOCUMENTATION FOR REQUEST

New requests and students with a break in IEP services, REQUIRE:

- ❑ Completed Section 1 & 2 of the SASED Request Form
- ❑ Medical & Educational Information (see below)
- ❑ Authorized school representative signature
- ❑ Copy of domain(s) paperwork with parental consent signature (IEP, 504 or ISP equivalent)

Intakes/Move-Ins REQUIRE:

- ❑ Completed Section 1 & 2 of the SASED Request Form
- ❑ Medical & Education Information (see below)
- ❑ Authorized school representative signature

Annual Audiology request (i.e. the student already has a **current IEP** with this listed service) REQUIRE:

- ❑ Completed Section 1 & 2 of the SASED Request Form
- ❑ Copy of related service minutes page of student's **current service plan** (IEP, 504, ISP etc.)

****Important**: Please send any equipment with the student to the appointment
(including but not limited to: ALDs, Hearing Aids, etc...)

MEDICAL & EDUCATIONAL INFORMATION

If this is a new request, intake/move-in, or student with a break in IEP services please complete the following medical and educational history on the student to the best of your knowledge. If you are unsure or if it is not applicable, please leave that section blank.

Medical Diagnoses:
Hearing Equipment or Materials Used:
Vision Equipment (i.e. glasses, patches, contacts, etc.):
Orientation/Mobility Equipment (i.e. cane, low vision devices, walker, etc.):
Educational/Community Concerns:
Additional Information:

[OFFICE USE ONLY] DATE RECEIVED:_____ ASSIGNED TO: _____
NOTES: