

# REGION 10 EDUCATION SERVICE CENTER

DIVISION OF INSTRUCTION  
Special Education Support Services  
Autism

## CONFIDENTIAL

PLEASE RETURN TO:

**Jack.Delametter@Region10.org**  
Region 10 Education Service Center  
Special Education Support Services  
Attn: Jack Delametter  
904 Abrams Rd.  
Richardson, TX 75081

This document may be faxed to: Jack Delametter at 972-348-1589

## CLASSROOM/PROGRAMMING ASSISTANCE REQUEST

DATE: \_\_\_\_\_ REFERRAL INITIATED BY: (name) \_\_\_\_\_  
(position) \_\_\_\_\_

(E-mail address, please print) \_\_\_\_\_

DISTRICT: \_\_\_\_\_ CAMPUS: \_\_\_\_\_

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone)

TEACHER: \_\_\_\_\_

Conference Period (time) \_\_\_\_\_ School day: Begins \_\_\_\_\_ Ends \_\_\_\_\_

Optimal time for visit by consultant\*: \_\_\_\_\_ or \_\_\_\_\_  
(Time) (Time)

**EVERY EFFORT WILL BE MADE TO SCHEDULE THE VISIT AROUND THESE TIMES BUT IS NOT GUARANTEED**

Mark Eligibility Code (Primary & Secondary) AU DB LD MD MR NCEC OHI OI SI TBI

Please indicate consultative services requested:

- Structured teaching methods  Behavior Strategies  
 General Education Inclusion  Other \_\_\_\_\_

A check in this box and authorizing signature indicates that all Procedural Safeguards as stipulated in Rules and Regulations relative to student/parent rights have been implemented.

\_\_\_\_\_  
Special Education Director/Coordinator

\_\_\_\_\_  
Date

THIS INFORMATION IS TO BE USED WITH PROFESSIONAL STAFF ONLY IN KEEPING WITH  
FERPA AND IDEA CONFIDENTIALITY REQUIREMENTS

It is the policy of Region 10 Education Service Center not to discriminate on the basis of race, color, national origin, gender or handicap in its vocational programs, services or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 503 and 504 of the Rehabilitation Act of 1973, as amended. Region 10 Education Service Center will take steps to ensure that lack of English language skills will not be a barrier to admission and participation in all educational programs and services.

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**Teacher's Name:** \_\_\_\_\_

**Approximate classroom staff to student ratio:** \_\_\_\_\_

**Specific area(s) of concern** of referring person:

**Program Standards:**

strategies &, techniques an observer would expect to see that are used for student achievement:

**Behavior concerns?**

**Other concerns?**

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