**REGION 10 EDUCATION SERVICE CENTER**

**400 E. Spring Valley Road**

**Richardson, Texas 75081-5101**

**972-348-1644**

**PLEASE EMAIL TO:** **directservices@region10.org** **Logged**

# DIRECT SERVICE REQUEST

Name \_\_\_\_ \_\_ D.O.B.\_\_ \_ \_\_ Age \_\_ Grade M/F

Eligibility (Primary & Secondary) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPROXIMATE LEVEL OF FUNCTIONING / IQ

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

 Home District/SSA Campus/ECI Phone **EXT**. Principal

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s School Day begins\_\_\_\_\_\_ ends \_\_\_\_

Teacher ECI Coordinator/Diag Phone #/EXT. (time) (time)

Parent/Guardian’s Name Home Address, City, Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s daytime phone number(s) Parent/Guardian’s Email Address

LEA has informed consent and has received written permission in the language best understood by the parent/adult student for evaluation(s) and/or special education services as stipulated in Rules and Regulations for Providing Special Education Services. All Procedural Safeguards according to Federal Regulations and State Law have been followed. Services requested below are based upon the recommendation of the ARD Committee and are documented and justified in the student’s IEP.

**\_\_\_\_\_\*Transfer Student\* - Temporary** ARD Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Permanent** 30 day ARD held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Accepted** Annual ARD from previous DistrictDated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\***Attach FIE (including Eye Exam if VI and/or Medical Referral if PT), current goals and objectives, and note services below**\*\***

If Re-evaluation is needed, note below as appropriate

**\_\_\_\_ Adapted PE** \_\_\_\_\_ Evaluation due by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Re-evaluation due by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_ PE Teacher name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PEdays/time \_\_\_\_\_\_\_*\_\_\_*\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 \_\_\_\_\_ \*Transfer Student\* provide Consult\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (frequency/duration of services)

**\_\_\_\_ Occupational Therapy** \_\_\_\_\_ Evaluation due by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Re-evaluation due by \_\_\_\_\_\_\_\_\_\_\_\_\_­­

 **\_\_\_\_\_** Please attach Parent Information Release Form and District Input form

 **\_\_\_\_\_ \***Transfer Student**\*** Direct \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consult\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (frequency/duration of services)

**\_\_\_\_ Physical Therapy** ­­­­\_\_\_\_\_ Evaluation due by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Re-evaluation due by \_\_\_\_\_\_\_\_\_\_\_\_

 **\_\_\_\_\_** Please attach Parent Information Release Form, Medical Referral form (requested for evaluations, required before services can be provided) and District Input form

 **\_\_\_\_\_ \***Transfer Student**\*** Direct \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consult\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (frequency/duration of services)

**\_\_\_\_ VI Services** \_\_\_\_\_ Evaluation due by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Re-evaluation due by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

­­ **\_\_\_\_\_** ARD/IFSP Attendance at ARD/IFSP for VI Student by a Certified VI Teacher as required

 **\_\_\_\_\_** Please attach a copy of current eye exam or REED date accepting previous eye report

 **\_\_\_\_\_ \***Transfer Student**\*** Direct \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consult\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (frequency/duration of services)

**\_\_\_\_ O&M Services** \_\_\_\_\_ Evaluation due by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Re-evaluation due by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_ \*Transfer Student\* Direct \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consult\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (frequency/duration of services)

­­ \_\_\_\_\_ REED Participation for O&M to review existing data to determine need for O&M evaluation or re-evaluation

 Authorizing Signature (Director of Special Education) 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. 7/17