Southwest Cook County Cooperative Association for Special Education

REQUEST FOR SERVICES

Please complete this form and return to:
Southwest Cooperative, 6020 W. 151st Street, Oak Forest, IL 60452 Via
Email: kalm@swcccase.org (Suggested method of submission)
Phone: (708) 687-0900 Fax: (708) 687-5695 TDD: (708) 687-2151

Student's Name:	**Birthdate:**	**Sex : Male / Female**
District of Residence:	**District of Attendance:**	**School:**
Teacher:	**Grade/Program**	**Currently receiving special education service: Yes / No**
Referral Person:	**Position:**	**E-Mail: Phone:**
Contact Person:	**Position:**	**E-Mail: Phone:**
Parent/Legal Guardian:		
Address:	**City:**	**State:** **Zip:**
Home Phone:	**Alt Phone:**	**Email:**

TYPE OF SERVICE REQUESTED

- ___ Adaptive PE
- ___ AT Consultation
- ___ Audiological Evaluation
  - ___ FM System Evaluation
- ___ Autism Consultation
- ___ Behavior Consultation
- ___ Hearing Itinerant Service Evaluation
- ___ Hearing Itinerant Service
- ___ Occupational Therapy Screening
- ___ Occupational Therapy Evaluation
- ___ Occupational Therapy Service
- ___ Orientation & Mobility Evaluation
- ___ Orientation & Mobility Service
- ___ Physical Therapy Screening
- ___ Physical Therapy Evaluation
- ___ Physical Therapy Service
- ___ Staff Development
- ___ Vision Itinerant Evaluation
- ___ Vision Itinerant Service
- ___ Vocational Evaluation
- ___ Other _____

_____

District Superintendent/Designee Signature **Date**

Reason for Referral:

Additional Comments: