

School Service Request Form

Request Date: _____ Requested by: _____

District: _____ Title: _____

Student: _____ D.O.B. _____ Grade: _____ Male/Female: _____

School attending: _____ School Contact: _____ Phone Number: _____

Disability: _____

Home Address: _____

Parent/Guardian: _____ Relationship: _____

Home Phone Number: _____ Work Phone Number: _____

Other Contact*: _____ Relationship: _____

(*Other Contact if child is seen by other providers and continuity of care is requested)

Service Requested	Frequency /Duration	Dly/Wkly/ Mnthly/Tot	Home	School	Start Date	End Date
ABA Services						
Academic Services/Cons Teacher						
Autism Consultation						
Behavioral Intervention						
Clinical Consultation						
Community / Job Development						
CSE Participation						
FBA						
Parent Training						
Person Centered Planning						
Transition & Long Term Care Plan						
Vocational Services (ongoing)						
Other:						
<i>Example: Behavioral Intervention</i>	<i>2x / 60 min</i>	<i>weekly</i>	<i>X</i>		<i>9/6/15</i>	<i>6/23/16</i>

PPS or Special Education Director

Date

PBS Office Use Only:

Date Received	Reviewed By	IEP Received	Assigned	Entered