

REQUEST FOR SCHOOL-AGE PROGRAMS AND/OR SERVICES



Please check (✓) one of the following and complete:

<input type="checkbox"/> New Student	Date Effective _____	
<input type="checkbox"/> Withdraw Student	Date of Withdrawal _____	Date District Sent Permission: _____
<input type="checkbox"/> Change in Student Assignment	Date Effective _____	Date District Rec'd Permission: _____

Please provide the following information (please print or type):

Student Name: _____	School District Where Student Resides: _____
Student DOB: _____	School District Student Attends: _____
Parent's Name: _____	School Building Student Attends: _____
Parent's Address: _____	School District of Parent Residence: _____
City/State/Zip: _____	Grade: _____ Exceptionality: _____
Telephone #: _____	Teacher of Record: _____
	Telephone #: _____ E-mail: _____

CLASSROOM PLACEMENT: Check (✓) program requested	Full-Time	Part-Time AM/PM
<input type="checkbox"/> Autistic Support – Penn-Bernville Elementary (K-5) <i>Open to Tulpehocken Area SD Students</i> <i>(Assessment Required)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hearing Impaired Support – Northwest Area Elementary School (K-5) <i>(Assessment Required)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hearing Impaired Support – International Business & World Languages (6) <i>(Assessment Required)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hearing Impaired Support – Southern Middle School (7-8) <i>(Assessment Required)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hearing Impaired Support – The Citadel-Reading Intermediate High School (9-10) <i>(Assessment Required)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hearing Impaired Support – Reading High School (11-12) <i>(Assessment Required)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PAL Life Skills Support – Berks Career & Technology Center – East <i>(Assessment Required)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Multiple Disabilities Support– Governor Mifflin School District <i>(Assessment Required)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Transition House - 529 East Lancaster Avenue, Shillington <i>(Assessment(s) Required by District and/or BCIU)</i>	<input type="checkbox"/>	<input type="checkbox"/>

ITINERANT SERVICES: Check (✓) all applicable boxes	Evaluation	Delivery
<input type="checkbox"/> SERVICE Audiological	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Blind/Visually Impaired <i>(current eye doctor report required)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Deaf/Hearing Impaired <i>(current audiological and/or ENT report required)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Orientation & Mobility	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Psychological	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speech & Language	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Prescriptive Motor Training/Adaptive Physical Education	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sign Language Interpreting	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Social Work	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Brain STEPS	<input type="checkbox"/>	<input type="checkbox"/>

Please attach Permission to Evaluate/Reevaluate and other pertinent documents, if applicable. Return form to the Office of Early Childhood & Student Services –School Age Special Education Department (fax number 610-987-8400).

District Authorization _____ Date _____

BCIU Authorization _____ Date _____