

## School Age Service Request



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

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

**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 <span style="float: right;">Exceptionality</span>
Telephone #	Teacher of Record
	Telephone # <span style="float: right;">E-mail</span>

**PROGRAMS: Check (✓) program requested**

	Full-Time	Part-Time	AM	PM
<input type="checkbox"/> <b>Hearing Impaired Support – Reading School District (3-5) &amp; (10-12+)</b> <i>(Assessment Required)</i>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> <b>PAL Life Skills Support – Berks Career &amp; Technology Center – East</b> <i>(Assessment Required)</i>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> <b>Transition House Birdsboro – 511 Chestnut Street, Birdsboro</b> <i>(Assessment(s) Required by District and/or BCIU)</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>Project SEARCH – Penn State Health St. Joseph</b> <i>(Separate referral process. A BCIU representative will contact the school district liaison upon receipt.)</i>	<input type="checkbox"/>			

**SERVICES: Check (✓) all applicable boxes**

	Evaluation	Delivery
<input type="checkbox"/> 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"/> Travel Training	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Brain STEPS	<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"/> Social Work		<input type="checkbox"/>
<input type="checkbox"/> Spanish Interpreting/Translation		<input type="checkbox"/>
<input type="checkbox"/> Surrogate Parent		<input type="checkbox"/>
<input type="checkbox"/> Other _____		<input type="checkbox"/>

***Please attach Permission to Evaluate/Reevaluate and other pertinent documents, if applicable. Submit form to [schoolagerequests@berksiu.org](mailto:schoolagerequests@berksiu.org).***

District/Agency Authorization \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

BCIU Authorization \_\_\_\_\_ Date \_\_\_\_\_