# BCIU_Konly_Vert_png[1]

# **School Age Service Request**

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

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | New Student | Date Effective | Date District Sent Permission |
| [ ]  | Withdraw Student | Date of Withdrawal | Date District Rec’d Permission |
| [ ]  | 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 Exceptionality |
| Telephone # | Teacher of Record |
| STUDENT HOMELESS [ ]  YES [ ]  NO | Telephone # E-mail |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PROGRAMS: Check (✓) program requested |  | Full-Time | Part-Time | AM | PM |
| [ ]  | **Hearing Impaired Support – Reading School District (K-12+)***(Assessment and/or Observation Required)* | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  | PAL Life Skills Support – BCIU Main Office, Reading *(Assessment and/or Observation Required)* | [ ]  |  |  |  |
| [ ]  | **Transition House Birdsboro** **– 511 Chestnut Street, Birdsboro***(Assessment and/or Observation Required)* | [ ]  | [ ]  | [ ]  |  |
| [ ]  | **PAES LAB** |  | [ ]  | [ ]  | [ ]  |
|  | *(Assessment and/or Observation Required)* |  |  |  |  |
| [ ]  | **Project SEARCH – Penn State Health St. Joseph***(Separate referral process. A BCIU representative will contact the school district liaison upon receipt.)*  | [ ]  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| SERVICES: Check (✓) all applicable boxes |  |  |  |
|  |  | Evaluation | Delivery |
| [ ]  | Audiological | [ ]  | [ ]  |
| [ ]  | Blind/Visually Impaired *(current eye doctor report required)* | [ ]  | [ ]  |
| [ ]  | Board Certified Behavior Analyst - BCBA | [ ]  | [ ]  |
| [ ]  | Deaf/Hearing Impaired *(current audiological and/or ENT report required)* | [ ]  | [ ]  |
| [ ]  | Educational Itinerant/Consultant |  | [ ]  |
| [ ]  | ESL Itinerant/Consultant |  | [ ]  |
| [ ]  | Orientation & Mobility | [ ]  | [ ]  |
| [ ]  | Psychological | [ ]  | [ ]  |
| [ ]  | Speech & Language | [ ]  | [ ]  |
| [ ]  | Sign Language Interpreting | [ ]  | [ ]  |
| [ ]  | Social Work Services |  | [ ]  |
| [ ]  | Spanish Interpreting/Translation |  | [ ]  |
| [ ]  | Surrogate Parent |  | [ ]  |
| [ ]  | Travel Training | [ ]  | [ ]  |
| [ ]  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  | [ ]  |

Please attach Permission to Evaluate/Reevaluate and other pertinent documents, if applicable.
Submit the form to schoolagerequests@berksiu.org.

District/Agency Authorization Date

Print Name Telephone Number

BCIU Authorization Date