# 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