**SCHOOL AGE NON-STUDENT SERVICE REFERRAL**

(Non-Student-Specific Services)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Request: |  | | | Date Received at CAIU: | | |  |
| Requested by: |  | | | Position: |  | | |
| School District: |  | Phone: |  | | | Email: |  |

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| --- | --- | --- | --- | --- |
| ***Service being requested:*** | ***Amount of time requested:*** | | | ***Describe Reason for Request and/or Need to be Met*** |
| **Audiometer Calibration** | **# of Audiometers** | | |  |
| **Augmentative Communication Coaching** | **30 hours** | | | Please list contact person for specific student information: |
| **Programmatic Consultation:**  A wide variety of Consultation services are available from skilled and experienced staff to provide specialized services unique to each specific program. Please refer to the individual Non-Class Placement Program Profiles for more detailed information.  Consultation services are available to support teachers of all grade levels and specific disability groups. | **Programmatic Consultation:** | | | Please describe your **Programmatic Consultation** needs: |
|  |  | **# hrs.** | **# days** |  |
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| **Special Education Coaching:**  Coaching services to *support teachers* and to *support the procedural aspects* of Special Education programs.  See Program Profile for specific information. | **Special Education Coaching:**  # hours requested  # days requested | | | Please describe your **Special Ed. Coaching** needs: |
| **Training:** | # of participants | | | Location of training:  School District Site  CAIU Enola |
| **Other:** |  | | |  |

Authorizing Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Revised 5/16/23 vla*