**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** |  |
|  |  |       |       |  |
|  |  |       |       |  |
|  |  |       |       |  |
| [ ]  **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*