

SWCCCASE EXTENDED SCHOOL YEAR 2018

Please complete this form and return to Southwest Cooperative
6020 West 151st Street, Oak Forest, IL 60452 - Phone (708) 687-0900

<input type="checkbox"/> Enroll Student	<input type="checkbox"/> Change	<input type="checkbox"/> Drop Student
Student Name: _____ Date of Birth: ____/____/____ Grade: ____		
District of Residence: _____		<input type="checkbox"/> Student is currently enrolled in a SWCCCASE Program
Medicaid Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No		Medicaid Number: _____
ESY PROGRAMS AND SERVICES		
<input type="checkbox"/> #72 Braun ()		
<input type="checkbox"/> #77 CD/EC ½ day ()		
<input type="checkbox"/> #77 CD Elem. ()		
<input type="checkbox"/> #87 CD HS ()		
<input type="checkbox"/> #84 DHH ()		
<input type="checkbox"/> #88 Transition ()		
<input type="checkbox"/> #86 DESTINY/EC ½ day ()		
<input type="checkbox"/> #86 DESTINY Elem. ()		
<input type="checkbox"/> #86 DESTINY HS ()		
<input type="checkbox"/> #80 District Paid: VI ____ OT ____ PT ____ HI ____ SL ____ O&M ____ Homebound ____		
TRANSPORTATION		
<input type="checkbox"/> District Arranged		
<input type="checkbox"/> Parent Transport		
<input type="checkbox"/> Self Transport		
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Bus Aide: Arranged by District/Bus Co. ____		

GENERAL INFORMATION

<input type="checkbox"/> Information below has not changed since regular school year		<input type="checkbox"/> IEP (<i>MUST BE ATTACHED</i>)	
Address: _____			
City: _____	State: IL	Zip Code: _____	
Home Phone: _____	Alternate Phone: _____	Emergency Contact: _____	
Parent/Guardian: _____		Current Individual Aide: _____	

TYPE OF SERVICES REQUESTED

Special Services	Minutes	Wk, Mo, Session	Site/Location *	Dates	Comments
Occupational Therapy (OT)					
Physical Therapy (PT)					
Hearing Impaired Itinerant (HI)					
Visually Impaired Itinerant (VI)					
Orientation and Mobility (O&M)					
Speech/Language (S/L)					
Social Worker					
Nursing					
Interpreting Services					
Classroom Aide					
Individual Aide					
OTHER					

*If site is outside Cooperative, you must include address, hours, contacts, etc.

SW Coop Supervisor Signature: _____
District Supt/Designee Signature: _____