

Southwest Cook County Cooperative Association for Special Education



REQUEST FOR SERVICES

Please complete this form and return to:

Southwest Cooperative, 6020 W. 151st Street, Oak Forest, IL 60452

Phone: (708) 687-0900 Fax: (708) 687-5695 TDD: (708) 687-2151

Student Name: _____ Date of Birth: _____ Sex: _____
District of Residence: _____ District of Attendance: _____ School: _____
Teacher: _____ Grade/Program: _____ Currently Receiving Special Education Services?
Referral Person: _____ Position: _____ Phone: _____
Contact Person: _____ Position: _____ Phone: _____
Parent/Legal Guardian: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

TYPE OF SERVICE REQUESTED

- | | | |
|--|--|---|
| <input type="checkbox"/> Adaptive PE | <input type="checkbox"/> Occupational Therapy Screening | <input type="checkbox"/> Staff Development |
| <input type="checkbox"/> Audiological Evaluation | <input type="checkbox"/> Occupational Therapy Service | <input type="checkbox"/> Technical Assistance |
| <input type="checkbox"/> Autism Consultation | <input type="checkbox"/> Orientation & Mobility Evaluation | <input type="checkbox"/> Visually Impaired Evaluation |
| <input type="checkbox"/> Behavior Consultation | <input type="checkbox"/> Orientation & Mobility Service | <input type="checkbox"/> Visually Impaired Service |
| <input type="checkbox"/> Hearing Impaired Service Evaluation | <input type="checkbox"/> Physical Therapy Evaluation | <input type="checkbox"/> Vocational Evaluation |
| <input type="checkbox"/> Hearing Impaired Service | <input type="checkbox"/> Physical Therapy Re-evaluation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Occupational Therapy Evaluation | <input type="checkbox"/> Physical Therapy Screening | _____ |
| <input type="checkbox"/> Occupational Therapy Re-Evaluation | <input type="checkbox"/> Physical Therapy Service | _____ |

District Superintendent/Designee Signature Date

Reason for Request:

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Additional Comments: