

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
 Via Email: Kpiccirillo@swcccase.org (Suggested method of submission)
 Phone: (708) 687-0900 Fax: (708) 687-5695 TDD: (708) 687-2151

Student's Name:	Birthdate:	Sex : Male / Female	
District of Residence:	District of Attendance:	School:	
Teacher:	Grade/Program	Currently receiving special education service: Yes / No	
Referral Person:	Position:	E-Mail:	
		Phone:	
Contact Person:	Position:	E-Mail:	
		Phone:	
Parent/Legal Guardian:			
Address:	City:	State:	Zip:
Home Phone: ()	Alt Phone: ()	Email:	

TYPE OF SERVICE REQUESTED

<input type="checkbox"/> Adaptive PE	<input type="checkbox"/> Occupational Therapy Screening	<input type="checkbox"/> Physical Therapy Service
<input type="checkbox"/> AT Consultation	<input type="checkbox"/> Occupational Therapy Evaluation	<input type="checkbox"/> Staff Development
<input type="checkbox"/> Audiological Evaluation	<input type="checkbox"/> Occupational Therapy Service	<input type="checkbox"/> Vision Evaluation
<input type="checkbox"/> Autism Consultation	<input type="checkbox"/> Orientation & Mobility Evaluation	<input type="checkbox"/> Visually Impaired Service
<input type="checkbox"/> Behavior Consultation	<input type="checkbox"/> Orientation & Mobility Service	<input type="checkbox"/> Vocational Evaluation
<input type="checkbox"/> Hearing Impaired Service Evaluation	<input type="checkbox"/> Physical Therapy Screening	<input type="checkbox"/> Other _____
<input type="checkbox"/> Hearing Impaired Service	<input type="checkbox"/> Physical Therapy Evaluation	

 District Superintendent/Designee Signature Date

<p>Reason for Request:</p> <p>Additional Comments:</p>
