KEDC SPECIAL EDUCATION COOPERATIVE

REQUEST FOR DIRECT SERVICES

904 W Rose Rd

Ashland, KY 41102

606-929-2209ph 606-929-2109fax

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Direct services are defined as any service related to a specific student which involves the direct, on-site assistance of KEDC Special Ed staff. All service requests are made by a school or district administrator. The Director of Special Education should be notified of all requests.

AT Consult Autism Consult Behavior Consult FMD Consult

Literacy Consult Math Consult Due Process Consult Transition Consult

Other:

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| All requests must include a copy of the most recent ARC Due Process information including IEP | Copies of ARC summary included? Y N  Date submitted: |
| Requests for an Assistive Technology Evaluation must be accompanied by the AT Referral Form | Date submitted: or N/A |
| Requests for Behavior Consultations must include a current Behavior Plan and a copy of the FBA | Date submitted: or N/A |
| All requests must include a copy of the most recent evaluation results | Date submitted: |
| All requests must be accompanied by a description of the previous strategies utilized | Strategies & progress data attached? Y N  Date submitted: |
| Requests involving transition must include documented contacts with the local Cadre Member(s) | Documentation & Recommendations of Cadre Member attached? Y N N/A Date submitted: |

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| Student Name: | DOB: | | Grade: |
| Area of Disability: | | Parent/Guardian Name (include last name): | |
| District: | | School: | |
| Planning Period/Best Time to Contact: | | Other Agency Involvement: | |
| Contact Person Information: | | | |

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| Reason for request: (please be specific) |
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| List and describe the interventions tried. Include: | | |
| What was tried | How long it was tried | What results were obtained |
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| Have you utilized KEDC Special Education services for this student before? If yes describe prior services |
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| Please list up to three (3) concerns, in order of priority, you would like addressed during the consultation: |
| 1.  2.  3. |

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| Student Schedule: (or attach a copy to this document) |
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