**NWRESD Low Incidence Regional Services**

**Request for Regional Services and/or Eligibility Evaluation**

**Check only one box below:**

|  |
| --- |
| Request for Assistance With Eligibility Determination[ ] Initial Eligibility[ ] Out-of-State Move-inRequest to Initiate Regional Services[ ] New Regional Eligibility[ ]  Student is an in-state move-in |

|  |  |  |
| --- | --- | --- |
| **Regional Disability Category:**[ ]  Autism Spectrum Disorder (ASD)[ ]  Deaf / Hard of Hearing (D/HH)[ ]  Vision Impairment (VI)[ ]  Orthopedic Impairment (OI)  | **Referring Agency:**[ ]  Local School District[ ]  EI / ECSE | **Interpreter Required?** Language: [ ]  District Provided [ ]  Consent to Bill for Interpreter Services |

**Student Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student First Name  | Last Name  | Middle Initial  | Gender[ ] Male [ ] Female | Date of Birth  |
| SSID#  | Grade  | Current Sped EligibilitiesChoose an item. | Date of IEP/IFSP  |
| Home Address  | City  | State  | Zip  |
| Primary Contact  | Relationship  | Primary Ph#  | Alternate Ph#  |
| Secondary Contact  | Relationship  | Primary Ph#  | Alternate Ph#  |

**School / Program Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Case mgr. / School Contact Name  | Position  | Phone  | Email  |
| Resident School  | Resident District  | County  |
| Attending School  | Attending District  |  |
| Special Education Director Signature (required): x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date |

|  |  |  |  |
| --- | --- | --- | --- |
| **Submit to:** | LIRP Intake SpecialistNWRESD Low Incidence Regional Services 5825 NE Ray CircleHillsboro, Oregon 97124PH: 503-614-1404: FAX: 503-614-1285 | **Date Sent to Regional Office:** |   |
|

**Please see page 2 for required supporting documents.Please submit the following required documents:**

|  |  |  |
| --- | --- | --- |
|  | **Eligibility Determination:** | **Initiation of Regional Services:** |
| ASD | [ ]  Completed **Regional Request Form** [ ]  Copy of signed **consent****Note:** If requesting assistance with eligibility, please discuss with your regional ASD consultant to determine which evaluation components will be completed by the home district / program and which will be completed by the ASD consultant. | [ ]  Completed **Regional Request Form**[ ]  Copy of current **eligibility**[ ]  Copy of current **IEP / IFSP** |
| DHH | [ ]  Completed **Regional Request Form**[ ]  Copy of signed **consent** including:* File review
* Classroom observation
* Audiological evaluation (if one has not been recently completed)
* Other assessments to be administered by district staff

**Note**: If requesting an audiological evaluation by NWRESD, submit a **Form 30** for payment.  | [ ]  Completed **Regional Request Form**[ ]  Copy of current **eligibility**[ ]  Copy of current **IEP / IFSP** |
| VI | [ ]  Completed **Regional Request Form**[ ]  Copy of signed **consent** including:* **Functional Vision Assessment**
* Signed **Report of Eye Exam** from an ophthalmologist or optometrist on NWRESD form.
 | [ ]  Completed **Regional Request Form**[ ]  Copy of current **eligibility**[ ]  Copy of current **IEP / IFSP**[ ]  Copy of **Functional Vision Assessment**[ ]  Copy most recent **Report of Eye Exam**.[ ]  Copy of **Learning Media Assessment** (if available  |
| OI | [ ]  Completed **Regional Request Form** | [ ]  Completed **Regional Request Form**[ ]  Copy of current **eligibility**[ ]  Copy of current **IEP / IFSP** [ ]  Copy of **Medical Statement** |