



Licking County ESC Related Service Referral Form

Referral Guidelines

1. Fill out the information below and return to Kareen Robbins Director of Related Service at krobbins@laca.org. You will receive notification when received.
2. Please attach any necessary documents such as Planning Form, Parental Consent, current IEP, etc. that are essential for the services to be completed.

Student Information

Student Name	_____	Date of Referral	_____
District	_____	Date of Birth	_____
School/Grade	_____	Signature of District/Program Contact	_____
Teacher	_____	Contact Email	_____

Related Service

- Adaptive Physical Education
- Speech and Language Articulation Expressive Receptive Fluency Social Group
- Physical Therapy
- Transition Services
- Occupational Therapy Fine Motor Sensory Processing Handwriting Group Feeding
- Vision Services
- ESL Services
- Assistive Technology/SETT Framework – Please attach Assistive Technology Parent Permission Form
- Behavioral Analyst - ALL Behavioral Analyst requests **MUST** include behavioral data prior to Requested Service noted below being performed.

Requested Service

- Screening
- Home Language Survey Review and ESL Screening
- Initial Evaluation – The Planning Form and Parent Consent should be attached.
- Re-Evaluation – The Planning Form and Parent Consent should be attached.
- Functional Behavioral Assessment- Please attach FBA Permission form.
- Informal Observation - A student may be observed informally with recommendations provided.
- Training – A period of time with teachers and/or parents to educate on a specific topic of interest.
- Group Participation- Handwriting/Social Group