



# 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](mailto:krobbins@laca.org).
2. Please attach any necessary documents such as Planning Form, Parental Consent, current IEP, etc. that are essential for the services to be completed.
3. If you are submitting a referral for a screening, parental permission is not required although, it is highly recommended that the parents/guardians are informed of the requested contact.

## Student Information

Student Name \_\_\_\_\_ Date of Referral \_\_\_\_\_  
District \_\_\_\_\_ Date of Birth \_\_\_\_\_  
School/Grade \_\_\_\_\_ District Contact \_\_\_\_\_  
Teacher \_\_\_\_\_ Contact Phone \_\_\_\_\_

## Related Service

- Adaptive Physical Education
- ESL Services
- Physical Therapy
- Occupational Therapy     Fine Motor     Sensory Processing     Handwriting Group
- Speech and Language     Articulation     Expressive     Receptive     Fluency     Social Group
- Transition Services
- Vision 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 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 with signed permission attached
- 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