



Licking County ESC Related Service Referral Form

Referral Guidelines

1. Fill out the information below and return to Rachel Gerber Coordinator of Related Service at rgerber@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.
4. You will receive acknowledgement upon receipt of referral.

Student Information

Student Name:	_____	Date of Referral:	_____
Date of Birth:	_____	School:	_____
District:	_____	Grade:	_____
District Contact:	_____	Teacher:	_____

Requested Service

- Adaptive Physical Educaiton
- ESL Services
- Physcial Therapy
- Occupational Thearpy Fine Motor Sensory Processing Handwriting Group
- Speech and Language Articulation Expressive Receptive Fluency Social Group
- Vision Services
- Hearing Services
- Behavioral Analyst- ***ALL Behavioral Analyst request MUST include behavioral data prior to Requested Service noted below being performed.***

Related Service

- Screening - A screening may be comprised of close observation of student's skills, review of work samples, input from the teacher and the student's participation in tasks requested by the therapist/teacher. A determination is then made whether or not an evaluation is needed.
- 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- The signed permission needs to be 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.