

# 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](mailto: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 Education
- 🍏 ESL Services
- 🍏 Physical Therapy
- 🍏 Occupational Therapy  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.