



**Wood County Educational Service Center**  
1867 N. Research Dr., Bowling Green, Ohio 43402  
419-354-9010 office 419-354-1146 Fax

**REQUEST FOR CONSULTATION/CHILD SCREENING**  
(Not for ETR evaluation use)

<input type="checkbox"/> Behavioral Support	<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Speech and Language	<input type="checkbox"/> Adapted Physical Therapy
<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Other _____

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parents's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alternate Number \_\_\_\_\_

Person Making Referral: \_\_\_\_\_ Parent Permission \_\_\_\_\_ Date: \_\_\_\_\_

District of Residence: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List **Modifications/Accommodations/Behavior Plans** that are currently in place and how much benefit they provide.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Service Requested:**     Classroom Observation                       General Meeting  
                                  MFE Meeting     IEP Meeting  
                                  Developmental Screening                       Consultation with Teachers  
                                  Other



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## **PARENT PERMISSION FORM**

Your child, \_\_\_\_\_ has been referred by his/her teacher for a developmental evaluation/screening/observation to assist with concerns noted in the classroom. In order to complete this service, your permission is required. Please read and check the following statement if you agree to the following service and sign accordingly. Please send this form back to school with your child in care of his/her teacher. If you have questions or concerns, please email me at the following address:

\_\_\_\_\_.

Thank you.  
Sincerely,

\_\_\_\_\_  
Teacher

### **(Please check the box if you grant permission):**

My child may be observed/screened/evaluated by the appropriate Therapist/Specialist. Classroom accommodations may be suggested to help improve your child's learning in the classroom.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of administrator authorized to approve expenses to district      Date

**District may be responsible for travel time, mileage, assessment/observation/consultation time and report writing time**

### **Please give completed form directly to Consultant or Mail to the:**

**Wood County Educational Service Center**  
**1867 North Research Dr.**  
**Bowling Green, OH 43402**

sn/MonthlyOrganizer/9/30/10