



Carbon Lehigh Intermediate Unit #21

4210 Independence Drive
Schnecksville, PA 18078-2580

Gregory S. Koons, Ed.D.
Executive Director

Kimberly A. Talipan
Assistant to the Executive Director

610-769-4111
800-223-4821
Fax 610-769-1290
www.cliu.org



facebook.com/CarbonLehighIntermediateUnit21

X @CLIU21



youtube.com/user/CarbonLehigh

EQUITABLE PARTICIPATION REFERRAL FORM DIRECT or CONSULTATION SERVICES

- Occupational Therapy services at Mercy Special Learning Center.
- Physical Therapy services at Mercy Special Learning Center.
- Student specific Special Education Teacher Consultation with Non-Public Teacher for an eligible student.

REFERRAL SOURCE:

Private School Name: _____ Date of Request: _____

Referred By: _____ Position: _____ Phone #: _____

STUDENT DEMOGRAPHICS:

Student Name: _____ DOB: _____ Gender: _____

Grade: _____ District of Residence: _____

Student Address: _____

Parent/Guardian: _____

Parent Address (if different): _____

Home Phone: _____ Cell Phone: _____

School District that completed Evaluation and IEP: _____

Date of Evaluation Report: _____ Date of IEP: _____

Child's Disability Category: _____

SERVICES REQUESTED: Please check all that apply – must have been identified as a need through the evaluation process:

- ☐ Special Education Teacher Consultation for Academics or Behavior at Non-Public School
- ☐ Occupational Therapy at Mercy Learning Center
- ☐ Physical Therapy at Mercy Learning Center

SIGNATURE OF ADMINISTRATOR: I attest that this student has been evaluated by the residence district (LEA) and qualifies under IDEA with a disability that requires specially designed instruction in the areas of the service(s) requested above. The student's parents/guardians have declined the offer of FAPE as specified on the NOREP and defined in the IEP developed between the parents/guardians and the district of residence (LEA). Parents have been informed that these services will be provided as per the provisions of the Equitable Participation Agreement for the current school year.

Administrator's Name: _____ Position: _____

Signature (electronic allowed): _____ Date: _____

SUBMISSION:

Please attach the following documents with this referral form:

- Evaluation Report – **REQUIRED**
- IEP
- NOREP

Return packet to: EPreferrals@cliu.org

Equitable Participation Supervisor/Consulting Teacher will follow-up with referring principal for specific information.

Date packet received at IU: _____

Helping Children Learn

"CLIU is a service agency committed to Helping Children Learn."