

## Carbon Lehigh Intermediate Unit #21

4210 Independence Drive Schnecksville, PA 18078-2580 **Gregory S. Koons, Ed.D.** Executive Director

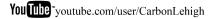
**Kimberly A. Talipan**Assistant to the Executive Director

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## 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.

<b>REFERRAL SOURCE:</b>				
			Date of Request:	
Referred By:	Position:	Pho	Phone #:	
STUDENT DEMOGRAPHICS:				
Student Name:		DOB:	Gender:	
Grade:		District of Residence:		
Student Address:				
Parent/Guardian:				
Parent Address (if different):				
School District that completed Evalu	uation and IEP:			
Date of Evaluation Report:		Date of IEP:		
Child's Disability Category:				
SIGNATURE OF ADMINISTRA under IDEA with a disability that re parents/guardians have declined the parents/guardians and the district of provisions of the Equitable Participation	quires specially designed instruction offer of FAPE as specified on the Presidence (LEA). Parents have been	n in the areas of the serv NOREP and defined in the en informed that these se	rice(s) requested above. The student's he IEP developed between the	
Administrator's Name:		Position:		
SUBMISSION: Please attach the following docum • Evaluation Report – REQU • IEP • NOREP				
Return packet to: EPreferrals@cliv Equitable Participation Superviso Date packet received at IU:	or/Consulting Teacher will follow		cipal for specific information.	
	Helping Childres	Learn		

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