



Licking Regional ESC Related Service Referral Form

Referral Guidelines

1. Fill out the information below and return it to Rachel Gerber, Director 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 completing the services.
3. If you submit 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 acknowledgment upon receipt of the 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

Handwriting Group

Speech and Language

Articulation

Expressive

Receptive

Fluency

Vision Services

Hearing Services

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.

Training – A period of time with teachers and/or parents to educate on a specific topic of interest.