



PUBLIC SCHOOLS OF NORTH CAROLINA

DEPARTMENT OF PUBLIC INSTRUCTION | Mark Johnson, Superintendent of Public Instruction

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Early Learning Sensory Support Program/Visual Impairment

2019/2020 Request for Services Form

Child's Name: _____ DOB: _____
 Sex: Male Female Race: _____ County: _____
 Parents' Names: _____
 Address: _____
 Cell phone: _____ Home: _____ Work: _____
 E-mail: _____
 Primary Language of Parent: _____ Child: _____

Interpreter needed: Yes No Translation needed: Yes No

If child is in legal custody of someone other than the person with whom he/she lives, complete the following:

Legally Responsible Party: _____ Phone: _____
 Address: _____
 E-mail: _____ Fax: _____

REQUEST FOR SERVICES SOURCE AND CONCERNS:

Public School Unit Making Request: _____
 Contact Person: _____ Phone: _____
 Fax: _____ E-mail: _____
 Visual Diagnosis: _____

FOR NEW REQUESTS CURRENT EYE REPORT IS REQUIRED PLEASE ATTACH Fax to 919-733-1873

ASSESSMENTS REQUESTED (Please check all that apply):

Functional Vision Assessment Due Date: _____ Address: _____
 Orientation & Mobility (O&M) Due Date: _____ Address: _____

SERVICES REQUESTED (Please check all that apply):

SDI for Vision: Frequency and Intensity: _____ Address: _____
 O&M Services: Frequency and Intensity: _____ Address: _____
 ESY Services: Frequency and Intensity: _____ Address: _____
 Other: _____

 Signature of LEA Representative

 Date

After review of current program capacity ELSSP will inform the Public School Unit of its decision to accept or decline request within 14 days of its receipt.

Accepted

Declined

 Signature of ELSSP Lead Contact

 Date

EXCEPTIONAL CHILDREN DIVISION

Sherry H. Thomas, Director | sherry.thomas@dpi.nc.gov
 6356 Mail Service Center, Raleigh, North Carolina 27699-6356 | (919) 807-3969 | Fax (919) 807-3243

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER