



PUBLIC SCHOOLS OF NORTH CAROLINA

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

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Early Learning Sensory Support Program for Children with Hearing Impairments

2019-2020 Request for Services Form

Child's Name: _____ DOB: _____

Male Female Race: _____ County: _____

Degree and Type of Hearing Loss _____

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: _____

Public School Unit Making Request: _____

Contact Person: _____ Phone: _____

Fax: _____ E-mail: _____

ASSESSMENTS REQUESTED-Check all that apply

Language Assessment Auditory Skills Assessment Vocabulary Skills Assessment

SERVICES REQUESTED-Check all that apply

SDI for DHH: Frequency and Intensity: _____ Address to Provide Service: _____

ESY Services: Frequency and Intensity: _____ Address to Provide Service: _____

Other: _____

Signature of Public School Unit Representative Date

After review of current program capacity ELSSP will inform the Public School Unit of the decision to accept or decline referral 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

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