Early Learning Sensory Support Program - Hearing Impairment
2020/2021 Request for Services Form

Child's Name: ________________________________ DOB: ____________________
Sex: Male  Female  Race: __________________________ County: ____________________
Parents’ Names: ____________________________________________________________
Address: ________________________________________________________________
Cell phone: ____________________ Home: ____________________ Work: ____________________
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: ____________________

REQUEST FOR SERVICES SOURCE AND CONCERNS:
Local Education Agency Making Request: ____________________
Contact Person: ____________________ Phone: ____________________
Fax: ____________________ E-mail: ____________________
Type and Degree of Hearing Loss: ____________________

FOR NEW REQUESTS MOST CURRENT AUDIOGRAM IS REQUIRED PLEASE ATTACH Fax to
919-733-1873

ASSESSMENTS BEING REQUESTED (Please check all that apply):
  Language Assessment  Due Date: __________ Address: ____________________
  Auditory Skills Assessment  Due Date: __________ Address: ____________________
  Vocabulary Skills Assessment  Due Date: __________ Address: ____________________
Other: __________________________________________________________________________

SERVICES BEING REQUESTED (Please check all that apply):
  SDI for HI: Frequency and Intensity: __________ Address: ____________________
  Supports for School Personnel: Teacher of the Hearing Impaired  Frequency and Intensity:
  ESY Services: Frequency and Intensity: __________ Address: ____________________
Other: __________________________________________________________________________

Signature of Local Education Agency Representative ____________________ Date ____________

After review of current program capacity ELSSP will inform the Local Education Agency of its
decision to accept or decline request within 14 days of its receipt.

  Accepted  Declined

EXCEPTIONAL CHILDREN DIVISION
EARLY LEARNING SENSORY SUPPORT PROGRAM
Sherry H. Thomas, Director | sherry.thomas@dpi.nc.gov
6356 Mail Service Center, Raleigh, North Carolina 27699-6356 | (919) 807-3497 | Fax (919) 733-1873
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER