



Eisenhower Cooperative
 5318 W. 135th Street
 Crestwood, IL 60445
 Office 708-389-7580 Fax 708-389-7584

www.eisencoop.org

Angela Zajac
 Executive Director

Request for Cooperative Services

Date of Referral: _____ District: _____ Student's School: _____ Grade: _____

Referring Person: _____ Position: _____ Phone: _____ Email: _____

Contact Person: _____ Position: _____ Phone: _____ Email: _____

Student New to District: YES ___ NO ___

Student Name: _____
 Address: _____
 City: _____ Zip: _____
 Birth Date: _____ Sex: M ___ F ___
 Student SIS Number: _____
 Parent/Legal Guardian: _____
 Phone: _____

EVALUATION SERVICES (CONSENT DATE for EVALS: _____)

Orientation and Mobility _____
 Occupational Therapy _____
 Physical Therapy _____
 Functional Hearing _____ ****Attach current audiological report**
 Functional Vision _____ ****Attach current ocular report**
 Medical Review _____
 Play Based Assessment or DDT _____ **Indicate area(s) to be evaluated _____**
 Neuropsychological Referral (INSPIRE Clinic-D. 218) _____ ****INSPIRE Clinic Referral Packet Must Be Attached**

CONSULTATION SERVICES

Assistive Technology _____ ****Attach AT Packet Forms**
 Occupational Therapy _____ ****Attach Pre-Referral Form**
 FM Trial and Review _____ ****Must have APD Diagnosis**
 Behavior Consult _____

EDUCATIONAL PROGRAMS

CARE Program _____
 DHH Program _____
 DLP Program _____
 ESY _____ *(Indicate Program/Service requested for ESY)*

EDUCATIONAL SERVICES

Hearing Itinerant _____ Vision Itinerant _____
 Occupational Therapy _____ Physical Therapy _____
 Orientation and Mobility _____ PHI _____

****Include in Referral Packet for Program Placements the following information:**

1. Current Eligibility Report _____
2. Current IEP/IFSP/EI Reports _____
3. FBA and BIP (include any interventions used in current placement), if applicable _____
4. Discipline Records (include # of days suspended), if applicable _____
5. Medical/Health Records _____

Referring Person's Signature: _____ Date: _____

District Superintendent/Designee Signature: _____ Date: _____

Joint Agreement Director Signature: _____ Date: _____