



Eisenhower Cooperative
 5318 W. 135th Street
 Crestwood, IL 60445

www.eisencoop.org

Angela Zajac
 Executive Director
 Office 708-389-7580 Fax 708-389-7584

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 (INCLUDE SIGNED CONSENT 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 SERVICES (ATTACH CLASSES/SERVICES IEP/504 PAGE)

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

EDUCATIONAL PROGRAMS

- CARE DHH DLP ESY (Indicate Program/Service Requested for ESY _____)

*****Include the following information for referrals:**

- Current Eligibility Report (if in Easy IEP, date of recent eligibility _____)
- Current IEP/IFSP/EI Reports/504 Plan (if in Easy IEP, date of recent IEP/IFSP/EI/504 Plan _____)
- FBA and BIP (include any interventions used in current placement), if applicable
- Medical/Health Records

Referring Person's Signature: _____ Date: _____

District Superintendent/Designee Signature: _____ Date: _____

Joint Agreement Director Signature: _____ Date: _____

9/11/17