



Referral for Observation and/or Consultation

Student Name:		School:
Grade:	Teacher:	School Phone:
Individual Making Referral:		Principal:
Building Contact to Receive Report:		

Observation/Consultation Request From:

- Behavior Consultant
 - Assistive Technology Consultant
 - Teacher for Blind Low Vision
 - Teacher for Deaf and Hard of Hearing
 - Orientation and Mobility Consultant
 - Occupational Therapist
 - Physical Therapist
 - Social Worker
 - *Other – Please Specify
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Please complete the following information:

1. Please list any treatment history (i.e. psychiatrist, counselor/therapist, hospitalizations, medication, etc.)

2. List the areas of concern (i.e. academic, behavioral, or other)

3. What interventions have been implemented to address these concerns? Please attach RTI/MTSS documentation if available.

4. In what way would you like the consultant to assist?

*If “other” includes individual or agency outside of Adams Wells staff, a [Release of Information form](#) **must** also be included to initiate the observation and/or consultation.



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Student Name:		School:
Grade:	Teacher:	School Phone:
Individual Making Referral:		Principal:

Your child has been experiencing some difficulties at school. To further assist your child, we would like to request your permission for staff from Adams Wells Special Services Cooperative to provide services which may include observation, staff consultation, and student interviews, and non-diagnostic screeners or checklists. This consultation will be conducted at school to help improve your son's/daughter's learning experience.

If you have questions, please contact your son's/daughter's teacher or building principal.

Thank you for your cooperation.

<input type="checkbox"/>	Yes, I give permission to provide the services described
<input type="checkbox"/>	No, I DO NOT give permission to provide the services described.

Parent Signature: _____

Date: _____

***Please email completed form to testing@awssc.k12.in.us**

Signed form is valid for one year from date of signature unless written revocation of consent is received by Adams Wells Special Services Cooperative from the parent/guardian of the student.