

## Todd Barlow - County Superintendent of Schools

Request for Si	<u>pecial Service</u>	<u>is Screen</u>	ıng		
Under the IDEA and	related California	ו law screer	nings are not per	mitted for individual students but for groups in	
	• • •		• •	rulum implementation and this is not	
	ıation for eligibilit	y for specia	l education and	related services. (34C.F.R. 300.302; Ed. Code	
56321(f))					
	CI	heck Type	of Screening I	Requested	
	oted Physical Educ	-			
<del></del>	ical Therapy (For	_	• •		
	ipational Therapy		,		
	ol Psychologist (For s	_	• •		
Spee	ech Therapy (For s	trategies of	11 <i>y)</i> 		
		CONTA	CT INFORM <i>A</i>	ATIONN	
Teacher Name	School Site	Grade	Classroom #	Class Phone #/email	
			Fax #	Date of Request	
			-		
indicating this scree	ening request has			e/district administrator. Please sign below	
Administrator Signature				Date	
	Specific	Reasons	for Request	(Describe what you see)	
	·				

This form must be processed through the KCOE Special Services office and NOT through the service provider. Please submit this completed screening request via email to: <a href="mailto:screening.request@kingscoe.org">screening.request@kingscoe.org</a>

KCOE Special Service			$\neg$
Screening Request Rec	eived On:	_	
Routed To: Provider	Date	Date Screening Due:	
Date		Contact Notes	
Data		``	4
Date		Strategies/Interventions Provided	J
	Its Returned to Specia		_
Screening Form	lts emailed to referring	g party on:	