



Carbon Lehigh Intermediate Unit #21

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EQUITABLE PARTICIPATION REFERRAL FORM DIRECT or CONSULTATION SERVICES

- Occupational Therapy services.
- Occupational Therapy consult services to Non-Public schools.
- Physical Therapy services at Mercy Special Learning Center.
- Student specific Special Education Teacher Consultation with Non-Public Teacher for an eligible student.

REFERRAL SOURCE:

Private School Name: _____ Date of Request: _____
Referred By: _____ Position: _____ Phone #: _____

STUDENT DEMOGRAPHICS:

Student Name: _____ DOB: _____ Gender: _____
Grade: _____ District of Residence: _____
Student Address: _____
Parent/Guardian: _____
Parent Address (if different): _____
Home Phone: _____ Cell Phone: _____
School District that completed Evaluation and IEP: _____
Date of Evaluation Report: _____ Date of IEP: _____
Child's Disability Category: _____

SERVICES REQUESTED: Please check all that apply – must have been identified as a need through the evaluation process:

- ☐ Special Education Teacher Consultation for Academics or Behavior at Non-Public School
☐ Occupational Therapy (Direct at Mercy Learning Center/Consultation at all locations.)
☐ Occupational Therapy Consult Services to Non-Public Schools
☐ Physical Therapy at Mercy Learning Center

SIGNATURE OF ADMINISTRATOR: I attest that this student has been evaluated by the residence district (LEA) and qualifies under IDEA with a disability that requires specially designed instruction in the areas of the service(s) requested above. The student's parents/guardians have declined the offer of FAPE as specified on the NOREP and defined in the IEP developed between the parents/guardians and the district of residence (LEA). Parents have been informed that these services will be provided as per the provisions of the Equitable Participation Agreement for the current school year.

Administrator's Name: _____ Position: _____

Signature (electronic allowed): _____ Date: _____

SUBMISSION:

Please attach the following documents with this referral form: ☐ Evaluation Report – **REQUIRED** ☐ IEP ☐ NOREP

Return packet to: EPreferrals@cliu.org

Equitable Participation Supervisor/Consulting Teacher will follow-up with referring principal for specific information.

Date packet received at IU: _____

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