

Complete this form to request Autism Consultation services and fax to (708) 354-0733.

Contact Person's Name: _____ Email Address: _____

Student Name: _____ Student Birthdate: _____

School: _____ Home District: _____ Grade Level: _____

Main Area to Be Addressed

- Assist Team with Eligibility Process
- Pragmatic Assessment
- Identify Needs and Goal Development
- Development of FBA & BIP
- Align Interventions with General Education Curriculum
- Alternative Curriculum & Resources
- Adaptations/Modifications - Academic and/or Social
- Communication Needs
- Visual Systems
- Executive Functioning
- Sensory Processing Issues
- Other: _____

Other

Information... _____

If related to an evaluation, has a domains been opened?

- yes
- no

Has the District Special Education Director/ Program Coordinator provided approval?

- yes
- no

Signature: _____

Have the parent(s) been informed?

- yes
- no

Preferred meeting dates/times: _____

Supporting education for all children in the community school districts:

53 Butler	94 Komarek	102 LaGrange	107 Pleasantdale
61 Darien	95 Brookfield-LaGrange Park	103 Lyons	204 Lyons Township High School
62 Gower	96 Riverside	105 LaGrange South	208 Riverside Brookfield High School
92 1/2 Westchester	101 Western Springs	106 LaGrange Highlands	