

# Belleville Area Special Services Cooperative

2411 Pathways Crossing  
Belleville, IL 62221

Main Phone (618) 355-4700  
Fax (618) 355-4415



## Request for Assistance

Date: \_\_\_\_\_ Person Submitting This Request: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Teacher: \_\_\_\_\_

Home School District #: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade/Placement: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Suggested day/time to observe/meet: \_\_\_\_\_

### Current Status:

- Pre-Referral     
  504 Services     
  IDEA - Special Education Services (IEP)  
 Parent is aware/has been contacted of these concerns (this is recommended but not required).

### Assistance Requested:

#### Accom./Modifications

- Curriculum  
 Environmental/  
     Adaptations  
 Visual Strategies  
 Instructional Strategies  
 Other \_\_\_\_\_

#### Related Services

- Augmentative Comm.  
 Physical Therapy  
 Hearing/Audiological  
 Behavioral/Social  
 Vision  
 Assistive Technology  
 Music Therapy

#### Occupational Therapy

- Sensory Integration  
 Fine Motor  
 Visual Perceptual Motor  
 Handwriting—attach samples  
 Other \_\_\_\_\_

#### Autism Spectrum

- Diagnostic Impression  
 Communication  
 Social/Behavioral  
 Academic  
 Sensory Integration  
 Environmental/  
     Adaptations  
 Instructional Strategies  
 Visual Strategies

### Describe in Detail Your Request and Concerns (Use back if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Note Interventions/Strategies That You Have Used Prior to This Request (Use back if necessary):

\_\_\_\_\_

\_\_\_\_\_

**\*This is not considered a request for a specialized evaluation.\***

### Signature of District Administrator Authorizing This Request: (Required)

\_\_\_\_\_  
*Signature/Title*

\_\_\_\_\_  
*Date*

PLEASE FORWARD TO THE BASSC SPECIAL SERVICES SECRETARY ASSIGNED TO YOUR DISTRICT.  
WE LOOK FORWARD TO COLLABORATING WITH YOU!

**FOR BASSC OFFICE USE ONLY – ROUTING INFORMATION**

Special Services Secretary: \_\_\_\_\_

Date: \_\_\_\_\_

Forward To: \_\_\_\_\_