

Perandoe Office
 1525 Locust Street
 Red Bud, IL 62278
 Tel: 618.282.6251
 Fax: 618.282.6880



Perandoe Educational Program (PEP)
 500 W S 4th St
 Red Bud, IL 62278
 Tel: 618.282.7228
 Fax: 618.282.0809

REQUEST FOR STUDENT ASSISTANCE

1. Complete this request for students assistance form when you have a concern about a child and would like consultation and assistance in related service areas such as occupational therapy, social work, physical therapy, vision, hearing, autism, behavior, etc.
2. Once the form is completed, inform your building administrator of your concern and have the administrator sign or initial the Request for Student Assistance Form.
3. Give the form to a Perandoe staff member in your building (e.g. school psychologist or social worker) or scan and email the completed form to Kim Valentine (kvalentine@perandoe.org) at the Perandoe Main Office. The form will be processed and the appropriate staff will be in contact with you.

Student Name:	DOB:
Grade/Placement:	Primary Teacher:
Serving School:	Resident District:
Completed by:	Completed on:
Email Address:	Phone Number:

Suggested Time To Observe/Meet:

Current Status: Pre-Referral 504 Services IEP Parent is aware/has been informed

Assistance Requested:

- Autism Spectrum _____
- Behavioral/Social _____
- Hearing/Audiological _____
- Occupational Therapy _____
- Physical Therapy _____
- Vision _____

• 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 SPECIALIZED EVALUATION.****

Signature of District Administrator Authorizing this request (Required):

_____ **Date:** _____

Signature of Perandoe Administrator Authorizing this request (Required):

_____ **Date:** _____

Office Use Only

Assigned to: _____ **Date:** _____

CC School Psychologist: _____