

**LaSalle/Putnam County Educational Alliance for Special Education**

1009 Boyce Memorial Drive Ottawa, IL 61350

**Mary Jane Chapman, Executive Director**

**Pam Carretto, Assistant Director**

PHONE/TDD: (815) 433-6433 FAX: (815) 433-6164

**REQUEST FOR CONSULTATION REGARDING THE COMMUNICATION DEVELOPMENT PROGRAM**

Child's Name _____	Sex _____	Birthdate _____	Work ( ) _____
Parent's Name _____	Telephone _____	Home ( ) _____	
Home Address _____	City _____	Zip _____	
Resident School District _____	County _____		
School Attending _____	Telephone ( ) _____	Grade _____	Teacher _____

**SERVICE REQUESTED**

The specified information **MUST** accompany this request or it will be returned:

\_\_\_\_\_ **OBSERVATION/CONSULTATION**

- Include most recent Educational Assessments Including Current Levels of Performance (within one year)
- Include a current Speech/Language Evaluation

Describe the child's specific problem and/or behavior:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Give specific reason(s) for this request. (What questions do you want answered?)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other agencies aware of child: \_\_\_\_\_

Child's natural spoken language or other mode of communication: \_\_\_\_\_

\_\_\_\_\_  
Signature and Title of Person Requesting Consultation

Address \_\_\_\_\_

Phone \_\_\_\_\_

Return to L.E.A.S.E. at the address at the top of this form.