



# NORTH CAROLINA DEPARTMENT OF PUBLIC INSTRUCTION

Catherine Truitt, *Superintendent of Public Instruction*

www.dpi.nc.gov

## Early Learning Sensory Support Program - Hearing Impairment 2022 - 2023 Request for Services Form

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Sex: ☐ Male ☐ Female Race: \_\_\_\_\_ County: \_\_\_\_\_  
 Parents' Names: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
 Primary Language of Parent: \_\_\_\_\_ Child: \_\_\_\_\_

Interpreter needed: ☐ Yes ☐ No Translation needed: ☐ Yes ☐ No

If child is in legal custody of someone other than the person with whom he/she lives, complete the following:

Legally Responsible Party: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

### REQUEST FOR SERVICES SOURCE AND CONCERNS:

Local Education Agency Making Request: \_\_\_\_\_  
 Is this request the result of an IEP decision? ☐ Yes ☐ No Contact Person: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Type and Degree of Hearing Loss: \_\_\_\_\_

**FOR NEW REQUESTS - MOST CURRENT AUDIOGRAM OR OTHER MEDICAL INFORMATION RELATED TO HEARING IS  
REQUESTED IF AVAILABLE PLEASE ATTACH Fax to 919-733-1873**

### ASSESSMENTS BEING REQUESTED (Please check all that apply):

☐ Language Assessment Due Date: \_\_\_\_\_ Address: \_\_\_\_\_  
☐ Auditory Skills Assessment Due Date: \_\_\_\_\_ Address: \_\_\_\_\_  
☐ Vocabulary Skills Assessment Due Date: \_\_\_\_\_ Address: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

### SERVICES BEING REQUESTED (Please check all that apply):

☐ SDI for HI Related Goals: Frequency and Intensity: \_\_\_\_\_ Address: \_\_\_\_\_  
☐ Supports for School Personnel: Frequency and Intensity: \_\_\_\_\_  
☐ ESY Services: Frequency and Intensity: \_\_\_\_\_ Address: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

\_\_\_\_\_  
 Signature of IEP Team Local Education Agency Representative

\_\_\_\_\_  
 Date

After review of current program capacity ELSSP will inform the Local Education Agency of the decision to accept or decline within 14 days of its receipt.

☐ Accepted

☐ Declined

\_\_\_\_\_  
 Signature of ELSSP Lead Contact

\_\_\_\_\_  
 Date

### OFFICE OF EXCEPTIONAL CHILDREN

Sherry H. Thomas, Senior Director | sherry.thomas@dpi.nc.gov

6356 Mail Service Center, Raleigh, North Carolina 27699-6356 | (984) 292-3063 | Fax (919) 733-1873

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