



**NORTH CAROLINA DEPARTMENT OF PUBLIC INSTRUCTION**

Catherine Truitt, *Superintendent of Public Instruction*

www.dpi.nc.gov

**Early Learning Sensory Support Program – Hearing Impairment 2023/2024 Request for Services Form**

**Requesting LEA Information**

Name of LEA: \_\_\_\_\_ LEA Contact Name: \_\_\_\_\_

LEA Contact Email: \_\_\_\_\_ LEA Contact Phone: \_\_\_\_\_ LEA Contact Fax: \_\_\_\_\_

Current # of TOD(s) \_\_\_\_\_ on staff  or through contract  TOD name(s) \_\_\_\_\_

Is this request the result of an IEP Team decision? Yes  No

**Student Information**

Child's Name: \_\_\_\_\_ DoB: \_\_\_\_\_ County: \_\_\_\_\_ Race: \_\_\_\_\_ male  female

Primary Language of Child: \_\_\_\_\_ Hearing Diagnosis: Unilateral  Bilateral   
Mild  Moderate  Severe  Profound

*Check all assessments or services requested through the IEP process. ELSSP Intake will indicate the ELSSP Decision.*

<b>Assessments Requested</b>	<b>ELSSP Decision</b>	<b>Assessment Requested</b>	<b>ELSSP Decision</b>
<input type="checkbox"/> Language Assessment	_____	<input type="checkbox"/> Auditory Skills Assessment	_____
<input type="checkbox"/> Vocabulary Assessment	_____	<input type="checkbox"/> Other (specify): _____	_____

For assessments, date consent for evaluation(s) was signed: \_\_\_\_\_ Due date for assessments: \_\_\_\_\_

**Services Requested**

<b>Services Requested</b>	<b>Frequency/Intensity</b>	<b>ELSSP Decision</b>
<input type="checkbox"/> SDI for hearing related goals	_____	_____
<input type="checkbox"/> Supports for School Personnel from TOD	_____	_____
<input type="checkbox"/> ESY Services	_____	_____
<input type="checkbox"/> Other (specify): _____	_____	_____

Address where requested assessments or services are to take place: \_\_\_\_\_

For ongoing services, list days/hours child will attend school: \_\_\_\_\_ or check if homebound

Typed/Printed Name and Signature of EC Director \_\_\_\_\_ Date: \_\_\_\_\_

Signature of LEA Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**After review of current capacity, ELSSP will inform the LEA of the decision to accept or decline within 14 days of receipt.**

Signature of ELSSP Lead Contact: \_\_\_\_\_ Date: \_\_\_\_\_

**Email or fax requests to: [mandy.hice@dpi.nc.gov](mailto:mandy.hice@dpi.nc.gov) – Fax: 984-236-8054**

**OFFICE OF EXCEPTIONAL CHILDREN**

Dr. Carol Ann M. Hudgens, Senior Director | [CarolAnn.Hudgens@dpi.nc.gov](mailto:CarolAnn.Hudgens@dpi.nc.gov)

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

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