DEPARTMENT OF EXCEPTIONAL STUDENT EDUCATION
Parentally Placed Private School Students

Request for Speech/Language Services

To be completed by parent(s):

Student Last Name: ___________________ First Name: ___________________

Male _ Female _ Date of Birth: __________ Grade: ___ Student’s Preferred Language: __________

Student Number: ___________________ (assigned by School District of Hillsborough County)

Social Security #: ___________________ (must fill out if never enrolled in School District of Hillsborough County)

Hispanic/Latino: Y_N__ Check all that apply _Asian _ Black or African American _ Native Indian or Alaska Native _ White

Parent’s Name: ______________________ Telephone: ______________________

Email Address: ______________________

Address: __________________________________________ city________________ zip

Private School of Attendance: __________________________

Private School Address: __________________________________________ city________________ zip

Has this student ever been enrolled in public school?  No ____ Yes _____

in Hillsborough County, Florida__ and/or in (district) __________ (state) _______Pre-K__ K-12 _____

Did your child have an Individual Education Plan (IEP)?  Yes _____ No _____

Has your child previously received Speech/Language services?  Yes ____ No ____

Check all that apply to previous speech/language services:

<table>
<thead>
<tr>
<th>Public School:</th>
<th>Out of County:</th>
<th>Pre-K:</th>
<th>Services Plan:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private School:</td>
<td>Out of State:</td>
<td>IEP:</td>
<td>Dismissed:</td>
</tr>
<tr>
<td>Charter School:</td>
<td>Hillsborough County:</td>
<td></td>
<td>Private Therapy:</td>
</tr>
</tbody>
</table>

Where did your child last receive speech/language services? Specify School Name/location________________________

When were speech/language services provided? Specify School Year(s) _________________________________

Do you want your child to receive Speech/Language services on his/her private school campus, if determined to be eligible for services per the district’s current plan for the provision of services to parentally placed private school students?  Yes _____ No _____

If your child is eligible to receive Speech/Language services, you will be contacted to participate in a Services Plan meeting. Please provide a telephone number where you may be reached.______________________________

Please return completed form to:
Department of Exceptional Student Education
Attn: Sandra Marra
Velasco Student Services Center
1202 East Palm Avenue, Tampa, Florida 33605
Office # (813)273-7113  Fax # (813) 273-7340

Within one week of submitting the form, you will receive a call or email responding to your request for services. If you do not receive this response, please follow up with our office.

Date form received __________________________ Date form sent to Ingram ________________ Rev. 11/18