

MCIU REQUEST FOR BrainSTEPS ASSISTANCE

Assistance in an educational programming from the MCIU BrainSTEPS Team is being requested for an individual student:

Student's Name: _____ District of Residence: _____

PPID#: _____ DOB: _____ Grade _____

Race: _____

Address: _____

School: _____ School Phone: _____

Parents/Guardians: _____ Email _____

Home Phone: _____ Work Phone: _____

Instructional Team Members' Names: Include phone # & ext. number for each member

Team Facilitator/Teacher: _____

LEA: _____

SLP : _____ PT: _____

OT: _____

Nurse: _____ Other: _____

I. Reason for Referral:

II. Pertinent Background Information (Please attach any relevant documents):

III. Services the child is currently receiving: (Type & frequency)

SL: _____ OT: _____

PT: _____ Other: _____

IV. Has parent been informed of request? _____

Person Making Referral

Position

Phone

V. Authorization:

Principal/Special Education Supervisor Signature

Date

Program Supervisor Signature

Date

VI. Billing: Cost plan, IDEA or Equitable Participation _____

Send Completed REQUEST to: Dr. Brittany Lourea-Waddell Fax: 610-635-2419 or bwaddell@mciu.org

MCIU, 2 West Lafayette St., Norristown, PA 19401