



CESA 8

Service Request Form

This form is to be completed when requesting additional and/or a change in services for CESA 8 Staff.

Based on local district IEP time, it has been determined that there is a need for additional services; for instance, a new service, a substantial change of service; an evaluation or attendance at an IEP meeting.

Please approve the type of service; for example, audiology, autism, DHH, VI, OM, OT, OTA, PT, PTA, a new position such as teaching or other supportive services position. Make sure to indicate the amount of time with your approval.

After the information below is completed and approved, the CESA 8 staff member can proceed to provide necessary services. The CESA 8 staff member will monitor their time via a log system on which actual service will be billed.

Fill out and review the following to confirm your approval of services.

| | |
|-----------------------|--|
| Category of Services: | |
| Student Name: | |
| Amount of Time: | |
| Teacher Name: | |

Teacher Signature

Date

| | | | |
|-------------------------|--|----------------------|--|
| Beginning Service Date: | | Ending Service Date: | |
|-------------------------|--|----------------------|--|

| | |
|----------------|--|
| District Name: | |
|----------------|--|

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|--|--|
| DSE, DPS or District Administrator Name: | |
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DSE, DPS or District Administrator Signature

Date

CESA 8 staff member may assist the District Representative in filling out the above information. Signature and date of authorized District Representative is required before services may proceed.

Please scan and e-mail to slambrecht@cesa8.org or mail original to CESA 8 Special Education Dept., Attn: Susan Lambrecht, 223 West Park Street, Gillett, WI 54124-9414.

Please keep a copy for your record. Thank you for your approval and cooperation.