



# 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:	

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Teacher Signature

Date

Beginning Service Date:		Ending Service Date:	
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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](mailto: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.