



Area Special Education Cooperative

1505 Central Ave NW, East Grand Forks, MN 56721
218/773-0315 FAX: 218/773-0924

Request for Physical/Health Consultation

Student _____ D.O.B. _____ Grade _____ District _____

Parents _____ Phone _____

Present Special Education Services _____

1. Please check all reasons for this request for consultation:

- | | |
|----------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> New evaluation | <input type="checkbox"/> Re-evaluation |
| <input type="checkbox"/> Has medical diagnosis | <input type="checkbox"/> No medical diagnosis |
| <input type="checkbox"/> Behavioral concerns | <input type="checkbox"/> Academic concerns |
| <input type="checkbox"/> Social/emotional concerns | <input type="checkbox"/> Follow-up visit |

2. What specific questions do you wish to have answered?

**3. Please describe briefly the student's program and any interventions that have been tried.
Describe results:**

Signature of Teacher Making Request _____ Date: _____

Phone: _____ email: _____

FOR OFFICE USE ONLY

Approved Not Approved

Director's Signature

Date

After ASEC approval, the case manager should contact the PHD consultant to schedule the date of the consult. Please send a copy of this form and the current IEP and/or other records to:

Alyssa Hickman
Win-E-Mac Public School
23130 345 St. SE
Erskine, MN 56535
218-563-2900
ahickman@win-e-mac.k12.mn.us

Tricia Fore
1204 13th Avenue SE
East Grand Forks, MN 56721
218-230-4465
tfore@egf.k12.mn.us