



Area Special Education Cooperative Request for Autism Consultation

Student:

Parent:

DOB:

Grade:

District:

Phone:

Present Special Education Services:

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

New evaluation

Re-evaluation

Has medical diagnosis

No medical diagnosis

Behavioral concerns

Academic concerns

Social/emotional concerns

Follow-up visit

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

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

Name of Teacher Making Request

Title

Date

The case manager should contact the autism consultant to schedule the date of the consult. Please send a copy of the IEP and/or other records to:

Cheryl Pazdernik (Pre-K)
Ada-Borup School
604 W. Thorpe Ave.
Ada, MN 56510
218-784-2241
cheryl@asec.net

Kris MacGregor (grade K-6)
J.A. Hughes Elm
PO Box 7
Red Lake Falls, MN 56750
218-253-2161
krism@asec.net

Terri Nelson (grade 7 and up)
Norman County East Elm.
PO Box 100
Gary, MN 56545
218-584-5151
tnelson@asec.net

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| <ol style="list-style-type: none">1. Complete this form2. Save to your desktop3. Click the email icon on the tool bar4. Send to the appropriate consultant's email | |
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