



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: _____ Parents: _____

DOB: _____ Grade: _____ District: _____

Present Special Education Services: _____

1. Please state the 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 consult |

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 the results:

Name of Teacher Making Request: _____

Phone: _____ email: _____ Date: _____

FOR OFFICE USE ONLY

Approved Not Approved Directors Signature _____ Date _____

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

<input type="checkbox"/> Alyssa Hickman Win-E-Mac 23130 345 St SE Erskine, MN 56535 218-563-2900 ahickman@win-e-mac.k12.mn.us	<input type="checkbox"/> Stacy Hanson Norman County East PO Box 420 Twin Valley, MN 56584 218-564-5151 stacyh@nce.k12.mn.us	<input type="checkbox"/> Tricia Fore Central Middle School PO Box 151 East Grand Forks, MN 56721 218-773-1149 tfore@egf.k12.mn.us
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