



MAINE EDUCATIONAL CENTER FOR THE DEAF AND HARD OF HEARING

STATEWIDE EDUCATIONAL SERVICES

One Mackworth Island, Falmouth, ME 04105

(207) 781-6215

(207) 781-6220 Fax

www.mecdhh.org

Public School Outreach Request for Services
School Year 2016-2017

Student Information:

Name: 504/IEP annual review date (if known)

DOB: Age as of 9/1/ 2016 Grade:

Check ALL that describe this student's communication system:

Table with columns for Expressive and Receptive communication systems, including checkboxes for ASL, Sign Language, Augmented Comm., Spoken English, Cued Speech, and Other.

Parent Contact Information:

Parent Name(s): Phone:

Address(s):

County: Email:

School Contact Information:

School Name:

School Address: ZIP CODE

District: County:

Contact Person: Phone:

Contact Person Email:

Classroom Teacher: Phone:

Classroom Teacher Email:

Support Professionals:

Current Audiologist: Phone:

Email:

Please check all services you anticipate needing this year. For more information visit www.mecdhh.org

- Observation/Consultation
Phone Consult
In-service Training
IEP/504 Involvement
Student Awareness Program (within the mainstream classroom)
Transition Support Services (Including transition to Kindergarten, changing of schools and 8th grade through graduation)
Kids Like ME Regional Programs (for grades K-8 at statewide locations.)
Kids Like ME Overnight Program (grades 6-12- offered 3 times per year in fall, winter and spring)
W.I.S.E. Diversity Awareness Program for public school mainstream classes
Specialized Services (Fee based services, if checked we will contact you.)



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Page 2

Check ALL that apply to the child for whom you are requesting services:

- Teased about amplification
- Has no peers who are Deaf or Hard of Hearing in his/her school
- Doesn't appear to belong to a peer group
- Prefers not to use HAT(Hearing Assistance Technology) at this time
- Does not openly express feelings about his/her hearing loss and/or communication needs
- Has limited exposure to adult role models who are Deaf and/or Hard of Hearing

Additional Information : _____

Name of person completing this form and date completed.

Name

Date

Submit one form per student to:

Angela Bruno, Director of Public School and Community Outreach Programs
Maine Educational Center for the Deaf and Hard of Hearing
One Mackworth Island, Falmouth, ME 04105
angela.bruno@mecdhh.org
207.781.6224