Lane Education Service District

Shaping the future: Supporting excellence in education

Referral for Evaluation for Service: Feeding and Swallowing (F/S)

Submit this form to the student's case manager, who will (a) get a copy to the F/S team and (b) arrange for the following with the student's parents/guardians:

1. Prior Consent for Evaluation, and
2. Authorization to Use and/or Disclose Protected Health Information (if applicable).

Name		
DOB	Age	Last IEP
District	School	Teacher

Parent or Guardian		Phone
Address	City	Zip

Referred by	Title
eMail	Phone

Eligibility (check all that apply):
☐ ID ☐ DHH ☐ VI ☐ Deafblind ☐ Comm ☐ EBD ☐ OI ☐ TBI ☐ OHI ☐ ASD ☐ SLD

Medical diagnoses or conditions

Briefly state why this referral is being made.