

Lane Regional Inclusive Services  
1200 Hwy 99 N  
Eugene OR 97402  
Ph: 541-461-8200 Fax: 541-461-8399

## REFERRAL FOR SERVICES

DATE: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Attending School: \_\_\_\_\_ Resident District: \_\_\_\_\_

Parent(s) Names: \_\_\_\_\_

Parent Address: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Parent email: \_\_\_\_\_

IEP Date: \_\_\_\_\_ Eligibility Date: \_\_\_\_\_ Current Eligibilities: \_\_\_\_\_

Service Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

Person Making Referral: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

**PLEASE EMAIL ALL DOCUMENTS SPECIFIC TO THIS REFERRAL FOR ELIGIBILITY TO  
[LRISReferrals@lesd.k12.or.us](mailto:LRISReferrals@lesd.k12.or.us)**

### AUTISM

- Consent for Mutual Exchange of Information including Lane Regional Inclusive Services and your district
- Eligibility statement

### DEAF/HARD OF HEARING

- Consent for Mutual Exchange of Information including Lane Regional Inclusive Services, Student's Audiological Clinic, Pediatrician, and your district
- Consent to Evaluate including:
  - Screening Inventory for Targeting Educational Risk
  - Observation
  - Audiological Evaluation
  - File Review
- Audiological Report
- Eligibility statement and/or current IEP if applicable

### ORTHOPEDIC IMPAIRMENT

- Consent for Mutual Exchange of Information including Lane Regional Inclusive Services and your district
- Eligibility statement

### TRAUMATIC BRAIN INJURY

- Consent for Mutual Exchange of Information including Lane Regional Inclusive Services, Student's Medical Clinic, Pediatrician, and your district
- Consent to Evaluate including:
  - Observation
  - File Review
- Eligibility statement and/or current IEP if applicable

### VISUAL IMPAIRMENT

- Consent for Mutual Exchange of Information including Lane Regional Inclusive Services, Student's Eye Doctor, Pediatrician, and Your District
- Consent to Evaluate including:
  - Vision Report
  - Observation
  - File Review
- Eye doctor's report
- Eligibility statement and/or current IEP if applicable

Issues of Concern:

\_\_\_\_\_  
Signature of Principal or District Program Referral Coordinator