

The Eisenhower Cooperative
Responding With Dignity To Diversity
 5318 West 135th Street
 Crestwood, Illinois 60445
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Sue Ireland, Ph.D.
 EXECUTIVE DIRECTOR

PROGRAM SUPERVISORS
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REQUEST FOR EISENHOWER COOPERATIVE SERVICES

Date of Request: _____ District: _____ Student's School: _____ Grade: _____
 Requesting Person: _____ Position: _____ Phone: _____

Student Name (Last, First, Middle): _____

Address: _____

City: _____ Zip: _____

Birthdate: _____ Sex: M F

Student SIS Number: _____

Parent/Legal Guardian: _____ Phone: _____

Foster Parent: _____ Phone: _____

DCFS Caseworker: _____ Phone: _____

Surrogate Parent: _____ Phone: _____

 Referring Person's Signature Date

 District Superintendent/Designee Signature Date

 Joint Agreement Director Signature Date

Comments (if necessary):

EVALUATION SERVICES

- Assistive Technology
- Occupational Therapy
- Physical Therapy
- Audiological Evaluation
- Orientation and Mobility
- Functional Hearing
- Functional Vision
- Physically Handicapped
- Developmental Diagnostics

EDUCATIONAL SERVICES

- Occupational Therapy
- Physical Therapy
- Vision Itinerant
- Extended School Year
- Hearing Itinerant
- CARE Program
- Deaf/Hard of Hearing Program
- Developmental Learning Program
- Orientation and Mobility
- Physically Handicapped

CONSULTATION SERVICES

- _____
- All pertinent information and consent documents are in EasyIEP.**
- Current IEP, evaluations, parent consent and any pertinent school records are attached.**