The Partnership Project

Intake Form

District Use Only

☐ Initial Request ☐ Renewal Request

Date: _____ School District:_____ ☐Hope School ☐Listen & Talk
Child's Name: _____ DOB: _____ Grade: _____
Parent(s)' Name: _____ Parent Phone/Email: _____
Student's School:_____ School Phone Number: _____
School Address: _____
School Contact for Scheduling: _____ Role: _____
Phone: _____ Email: _____

Student's Team Members *(please note which team member acts as case manager)*:

Teacher		Audiologist	
SLP		Sped Teacher	
OT/PT		TOD	
ELL		Other	

Contract Information:
Districts are responsible for reimbursing CDHL for mileage, meals, lodging, per agreement.

District Contact for Contracting: _____ Fax: _____
Phone: _____ Email: _____

Primary reason for this consult request (check all that applies):

☐ Professional Support
☐ Technology Support
☐ IEP or 504 Plan Development
☐ Assessment/Triennial Re-evaluation
☐ Student Progress
☐ Family Request
☐ Recommendation by Community Provider
☐ Other: _____

Required Documents:
Release of Information ☐ Student History Form ☐ IEP/504 Plan ☐

Other Documents:
Most recent evaluation (from district and/or private providers) ☐ Report Cards/teacher comments ☐
Most recent audiogram with report ☐ MAP or MSP Scores ☐

Additional Comments:

_____
_____

_____ _____
School/District Representative Signature Date

Send Form To: Center on Childhood Deafness and Hearing Loss
Attn: Judy Smith
611 Grand Blvd.
Vancouver, WA 98661
Fax: 360.696.6291
partnershipproject@wsd.wa.gov