



Pasco County Schools

Kurt S. Browning, Superintendent of Schools
7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638

2020-21 Parent Request for ESE Services for Students with Disabilities Enrolled in a participating Non-Profit Private School

Services Available for the 2020-21 School Year

- Behavior Consult
- Occupational Therapy (OT)
- Physical Therapy (PT)
- Speech/Language Therapy
- Deaf/Hard of Hearing (DHH) Consult
- Visually Impaired Consult

Note: Speech-Language Pathologists, Occupational Therapists, Physical Therapists, and Teachers of the Visually Impaired are currently critical shortage areas for the district and our contract providers. This may affect the ability of the district to provide these services to private school students.

In order for your request to be reviewed, each form must be completed in its entirety. Only 2020-21 packets will be accepted. The private school may assist the parent/guardian with completion and submission of the packet.

Instructions for submitting the service request packet:

1. Complete all three pages of the packet: service request form (completed and signed by parent), teacher input form (completed by private school teacher) and parent input form (completed by parent).
2. Attach a copy of the current Individual Education Plan (IEP) or Service Plan (SP). If the student does not have an IEP or SP, submit the most recent ESE eligibility paperwork.
3. Send scanned copy of the completed request packet to Barbara Kleinsorge at bkleinso@pasco.k12.fl.us or fax the packet to (813) 794-2915 to the attention of Barbara Kleinsorge, SSPS.

Eligibility for ESE services provided through the Proportionate Share - IDEA Grant, Part B
Only parentally-placed students with disabilities that attend participating non-profit private schools are eligible to receive ESE services. This specifically refers to students who have been evaluated and found eligible for ESE by a public-school district.

ESE Service requested:	IEP/SP should reflect:
Behavior Consult	Severe behavioral concerns that impact the student's education
Occupational Therapy (OT)	Occupational Therapy eligibility (services listed on IEP or SP)
Physical Therapy (PT)	Physical Therapy eligibility (services listed on IEP or SP)
Speech/Language Therapy	Speech or Language Impaired eligibility (services listed on IEP or SP)
Deaf/Hard of Hearing (DHH) Consult	D/HH eligibility
Visually Impaired Consult	Visually Impaired eligibility

**2020-21 Parent Request for ESE Services for Students with Disabilities
Enrolled in a Participating Non-Profit Private School**

To be completed by Parent/Guardian: (This section must be completed in its entirety)				
Student Name:				
Date of Birth:		Grade:		Date:
Street Address:		City:		State:
Parent/Guardian Name:		Phone:		Zip:
Current School:		Email:		
Zoned Public School:				
Primary Exceptionality:				
Secondary Exceptionality:				
Date of most current IEP or Service Plan:				
Please check all ESE services being requested: If the student does not have a current IEP or SP, they must have been evaluated and found eligible for ESE by a public-school district.	<input type="checkbox"/> Speech Therapy <input type="checkbox"/> Language Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> D/HH Consult <input type="checkbox"/> Behavior Consult <input type="checkbox"/> Visually Impaired Consult		Note: <i>Speech-Language Pathologists, Occupational Therapists, Physical Therapists, and Teachers of the Visually Impaired are currently critical shortage areas for Pasco County Schools and our contract providers. This may affect the ability of Pasco County Schools to provide these services to private school students.</i> <i>Further reductions in district staff may also adversely affect the ability to provide consultation services.</i>	
	Parent/Guardian Signature: (REQUIRED)			

To be completed by the Office for Student Support Programs and Services: (Please leave blank)	
Pasco Student ID number:	
Additional Comments:	
Program Coordinator/Designee Approval Signature:	Date:

Submit the completed and signed packet to:

Barbara Kleinsorge at bkleinso@pasco.k12.fl.us or fax to (813) 794-2915

2020-21 Teacher Input Questionnaire for Non-Profit Private School Service Plans

Student's Name: _____ Grade: _____

DOB: _____ Private School: _____ Zoned Public School: _____

Person Completing Form: _____ Date: _____

Student's Academic Strengths:

Student's Priority Educational Needs:

Grade Level/Source of Information: (e.g. materials, method of assignment, etc.)

Reading	Mathematics	Written Language	Spelling

What strategies/accommodations have been implemented to support the student?

Does the student display behavior and/or study habits that should be addressed (staying on-task, attending to directions, etc.)? If yes, please describe:

Additional concerns or recommendations:

2020-21 Parental Input Questionnaire for Non-Profit Private School Service Plans

Student's Name: _____ Grade: _____

DOB: _____ Private School: _____ Zoned Public School: _____

Parent/Guardian Name: _____ Date: _____

Please answer the following questions about your child. The information provided will be used to draft his/her Service Plan; your input is important.

My child's strengths are:

My child's challenges are:

Annual Goals

I would like my child to work on:

Other relevant areas I would like addressed on my child's Service Plan:

For Parents of Students Who Will Be 14 Years of Age or Older

After completing high school, I would like my child to:
(Please address career/employment, education/training, living arrangements, and community involvement)
