



## Itinerant Services Office

Natalie Heinrich  
Administrator

290 Town Center Lane  
Glendale Heights, IL 60139-1700

Phone 630-629-2600  
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### **REQUEST FOR ORIENTATION & MOBILITY SERVICES** **(May only be initiated by a CASE vision itinerant teacher)**

DATE OF REQUEST \_\_\_\_\_

#### **PROCEDURES:**

Teacher obtains coordinator's approval. Coordinator checks with district and Routes to CASE Itinerant Services offices. **This form should be utilized only for students receiving CASE Vision Itinerant Services. Please attach copy of last IEP and paperwork indicating parent consent.**

Name of Pupil: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

#### **School-based contact information:**

Case manager/teacher name: \_\_\_\_\_

Case manager/teacher Email: \_\_\_\_\_

Case Manager/teacher Phone: \_\_\_\_\_

School Nurse \_\_\_\_\_ Town: \_\_\_\_\_

Specific reason for request and description of problem: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have there been any pre-referral interventions attempted? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please attach.

**Vision Teacher's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**District Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**District Administrator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Signature indicates district has been notified and approved this request.)