



Itinerant Services Office

1104 N. Main Street
Lombard, IL 60148-1362

Mindy Long
Administrator

Mary M. Furbush, Ed.D.
Executive Director

630-629-2600, Relay Service 711
Fax 630-629-2601

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.)