



# Pasco County Schools

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

## 2019-20 Parent Request for ESE Services for Students with Disabilities Enrolled in a participating Non-Profit Private School

### Services Available for the 2019-20 School Year

<ul style="list-style-type: none"> <li>• ESE Consult</li> <li>• Behavior Consult</li> <li>• Occupational Therapy (OT)</li> <li>• Physical Therapy (PT)</li> <li>• Speech/Language Therapy</li> <li>• Deaf/Hard of Hearing (DHH) Consult</li> <li>• Visually Impaired Consult</li> </ul>	<p><b>Note:</b> 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.</p>
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In order for your request to be reviewed, each form must be completed in its entirety. Only 2019-20 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. Scan the completed request package to Barbara Kleinsorge at [bkleinso@pasco.k12.fl.us](mailto:bkleinso@pasco.k12.fl.us) or fax to (813) 794-2117.

4.

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 services. This specifically refers to students who have been evaluated and found eligible for ESE by a public-school district.

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

**2019-20 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: <small>(Please indicate if home schooled)</small>	Email:		
Zoned Public School:			
Primary Exceptionality:			
Secondary Exceptionality:			
Date of most current IEP or Service Plan:			
<b>Please check all ESE services being requested:</b> 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/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 <input type="checkbox"/> ESE Consult (specify area of need) _____	<b>Note:</b> <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](mailto:bkleinso@pasco.k12.fl.us) or fax to (813) 794-2117

# 2019-20 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:

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Student's Priority Educational Needs:

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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?

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

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Additional concerns or recommendations:

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# 2019-20 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:

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My child's challenges are:

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## Annual Goals

I would like my child to work on:

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

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## 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)*

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