



**DIVISION OF INSTRUCTIONAL SUPPORT
DEPARTMENT OF EXCEPTIONAL STUDENT EDUCATION**

*Parentally Placed Private School Students
Request for Speech/Language Services*

To be completed by parent(s):

1. Student Name _____ D.O.B. _____
2. Student Number _____ (assigned by School District of Hillsborough County)
3. Parent's Name _____ Telephone No. _____
4. Address _____
5. Private School of Attendance _____
6. Has your child previously received Speech/Language services on a public school site?
Yes _____ No _____
7. Last public school where services have been provided: _____
8. Has your child previously received Speech/Language services on another private school site?
Yes _____ No _____
9. Last private school site where services have been provided: _____
10. When were services provided? *Specify School Year (s)* _____
11. Do you want your child to receive Speech/Language services on his/her private school campus, if determined to be eligible for services per the district's current plan for the provision of services to parentally placed private school students? Yes _____ No _____
12. If your child is eligible to receive Speech/Language services, you will be contacted to participate in a Services Plan meeting at the private school site. Please provide a telephone number where you may be reached. _____

SLP Name _____ School _____ Date Requested _____

Please return completed form to:

*Department of Exceptional Student Education
Attn: Sheryl Clark
Velasco Student Services Center
1202 East Palm Avenue
Tampa, Florida 33605
Office # (813)273-7113
Fax # (813) 273-7340*

Date form received _____

Date form sent to Ingram _____