



**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* \_\_\_\_\_