



Service(s) Request

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Current School: \_\_\_\_\_ Child's Current Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SCHOOL SERVICES

School Services Requested Start Date: \_\_\_\_\_

Table with 4 columns: SERVICE TYPE, RATE, COMMENTS. Rows include Students with Autism, Preschool/ Readiness, Aspire K-5, Elementary, Middle/High, Tuition, and Classroom Aide.

Funding Sources: [ ] Self-Pay [ ] NCSEAA Opportunity Scholarship [ ] NCSEAA Disability Scholarship [ ] NCSEAA Education Savings Account [ ] State Funded Early Intervention Scholarship [ ] ABC of NC Financial Aid [ ] Other

SUPPLEMENTAL SCHOOL SERVICES

Table with 4 columns: SERVICE TYPE, RATE, COMMENTS. Rows include School Consultation, Recommendation Visit, Speech Therapy, and Adaptive Martial Arts.

Funding Sources: [ ] Self-Pay [ ] NCSEAA Opportunity Scholarship [ ] NCSEAA Disability Scholarship [ ] NCSEAA Education Savings Account [ ] State Funded Early Intervention Scholarship (under 42 mos) [ ] ABC of NC Financial Aid [ ] Other

CLINICAL/PSYCHOLOGICAL SERVICES

May be covered through private health insurance and/or and subject to co-pays or co-insurance

Table with 4 columns: SERVICE TYPE, RATE, COMMENTS. Rows include 1:1 ABA\* Therapy, Diagnostic Evaluation, Family Therapy, and Individual Therapy.

\*ABA: Applied Behavior Analysis

Funding Sources: [ ] Private Health Insurance [ ] Medicaid [ ] Self-Pay [ ] Financial Aid [ ] Other

SERVICES- TYPICALLY DEVELOPING PEERS

Table with 4 columns: SERVICE TYPE, RATE, COMMENTS. Rows include Preschool/ Readiness and Elementary.

SIGNATURE OF PARENT/GUARDIAN

DATE SUBMITTED

This is a request form only and not a guarantee of services. This form is not a replacement for any required financial aid/ scholarship applications, insurance company or other funders' requirements.