



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 options, 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, and Individual and Family Counseling.

*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.