



1200 Highway 99 North
Eugene, Oregon 97402-2033
(541) 461-8200 Fax (541) 461-8298

REFERRAL FOR SERVICES

Date: _____

Student's Name: _____ Resident District: _____ Case No. _____

Parent(s) Name: _____ School Name: _____

Parent Address: _____ Service Coordinator & Phone: _____

City/State/Zip: _____ IEP Date: _____ DOB: _____

Parent Phone: _____ Re-eval Date: _____

Have parents been informed of this referral Yes No Person Referring & Phone: _____

Other agencies serving this child: _____

Please attach Permission to Test form along with information specified below.

Lane Regional Program
1200 Hwy 99 N
Eugene, Oregon 97402
541-461-8251 / Fax: 541-461-8399

DEAF-HARD OF HEARING

Required attachments include:

- Medical/Physician's Statement documenting hearing impairment
- Audiological Report
- Copy of Exchange of Information form

VISUALLY IMPAIRED

Required attachments include:

- Medical Statement from an Ophthalmologist or Optometrist name and telephone number
- Copy of Exchange of Information form

TRAMATIC BRAIN INJURY

Required attachments include:

- Copy of Exchange of Information form

AUTISM

Required attachments include:

- Medical/Physicians Statement

Issues of Concern:

Signature of Principal

OR

Signature of District/Program Referral Coordinator

WITH EACH NEW REFERRAL FOR SERVICE PLEASE SEND COPIES OF CURRENT IEP AND ELIGIBILITY