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www.tcse.us  
C.W. "Chuck" Hamilton, Director

### Autism Team Consultation Request

Date of Request: \_\_\_\_\_

Person Making Request: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

School & District: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Does this student receive special education services? \_\_YES \_\_NO

If yes, what services: \_\_\_\_\_

Date of *most recent* IEP meeting: \_\_\_\_\_

Reason for this request: \_\_\_\_\_

**PRIOR to this request**, what interventions have been provided and what were the results/outcomes? (attach intervention plan, medical reports or other relevant information)

What specific behavior is of **most** concern? \_\_\_\_\_

\*\*\*\*\*Required Signatures\*\*\*\*\*

Building Principal or TCSE Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Signature(TAS): \_\_\_\_\_ Date: \_\_\_\_\_

**Forward to TCSE Autism Team Leader**

**Date Rec: \_\_\_\_\_**