Tri-County Special Education
Jackson • Perry • Union
1725 Shomaker Drive Murphysboro, IL 62966
Phone: 618.684.2109 Fax: 618.687.1638
www.tcse.us
Jan Pearcy, 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(SEA):*_____*Date:*_____

Forward to TCSE Autism Team Leader ***Date Rec:_____***