

Office Use Only	File # _____
Request for Services Received	_____
Date Appointment Offered	_____
Packet Sent	_____

## Request for Services

Date: \_\_\_\_\_ Person Completing Report: \_\_\_\_\_

**Services Requested:**

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Speech & Language Evaluation<br><input type="checkbox"/> 2. Dyslexia / Written Language Evaluation | <input type="checkbox"/> 3. Speech & Language Therapy<br><input type="checkbox"/> 4. Other |
|--|--|

Child's Name: _____	Birth Date: _____ M ___ F ___
School: _____	Grade: _____
Parents: _____	E-Mail: _____
Address: _____	Tel.#: _____
	Cell #: _____

Please describe your specific concerns regarding your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your child's background (any diagnoses or significant medical problems) and any help he/she has received or is receiving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please fax (605-330-9820) or mail previous standardized testing (psychological/IQ, academic achievement, speech and language, etc.) done by your child's school or other agency. Also, if applicable, include a copy of your child's most recent IEP (Individual Education Plan) or 504 Plan.

**What to expect after this "Request for Services" has been completed.**

- ➡ You will be contacted by email (or phone if you do not use e-mail) to offer an appointment.
- ➡ Evaluation appointments are scheduled to correlate with USD's academic calendar (Fall, Spring & Summer Semesters) and are typically scheduled in blocks. Your request will be placed on a waiting list, in the order received, for the next opening. We greatly appreciate your patience & understanding.
- ➡ Once your appointment has been confirmed, you will be sent our paperwork packet. Please fill out and bring with you when you come for your appointment.

Insurance Information: Medicaid \_\_\_\_\_ Blue Cross \_\_\_\_\_ Dakota Care \_\_\_\_\_ Sanford \_\_\_\_\_ Avera \_\_\_\_\_  
 Other \_\_\_\_\_

Billing Information: Our office will contact you once we have received this form to discuss insurance and/or payment options. In the case of financial hardship, a sliding fee schedule is available.