



MAINE EDUCATIONAL CENTER FOR THE DEAF AND HARD OF HEARING

STATEWIDE EDUCATIONAL AND FAMILY SERVICES

One Mackworth Island, Falmouth, ME 04105

(207) 781-6230

FAX: (207)781-6289

www.mecdhh.org

PSO-Referrals@mecdhh.org

Public School Student Information

Date: \_\_\_\_\_

Student Information:

Name: \_\_\_\_\_ 504/IEP annual review date (if known) \_\_\_\_\_

DOB: \_\_\_\_\_ Age as of 9/1/ 2019 \_\_\_\_\_ Grade: \_\_\_\_\_

Check ALL that describe this student's communication system:

Table with 2 columns: Expressive and Receptive. Each column has checkboxes for Language of the Home, ASL, Sign Language, Augmented Comm., Spoken English, Cued Speech, and Other.

Parent Contact Information:

Parent Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Address(s): INCL city & zip \_\_\_\_\_

County: \_\_\_\_\_ Email: \_\_\_\_\_

School Contact Information:

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

District: \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_ Phone: \_\_\_\_\_

Classroom Teacher Email: \_\_\_\_\_

Support Professionals:

Current Audiologist: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please check all services you anticipate needing this year. For more information visit www.mecdhh.org

- Observation/Consultation
Phone Consult
In-service Training
IEP/504 Involvement
Student Awareness Program (within the mainstream classroom)
Transition Support Services (Including transition to Kindergarten, changing of schools and 8th grade through graduation)
Kids Like ME Regional Programs (for grades K-8 at statewide locations.)
Kids Like ME Overnight Program (grades 6-12- offered 3 times per year in fall, winter and spring)
W.I.S.E. Diversity Awareness Program for public school mainstream classes
Specialized Services (Specially Designed Instruction, Therapy etc.)



**MAINE EDUCATIONAL CENTER FOR THE DEAF AND HARD OF HEARING**  
Public School Outreach Request for Services  
School Year 2019-2020  
Page 2

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**Check ALL that apply to the child for whom you are requesting services:**

- Teased about amplification
- Has no peers who are Deaf or Hard of Hearing in his/her school
- Doesn't appear to belong to a peer group
- Prefers not to use HAT (Hearing Assistance Technology) at this time
- Does not openly express feelings about his/her hearing loss and/or communication needs
- Has limited exposure to adult role models who are Deaf and/or Hard of Hearing

ADDITIONAL INFORMATION:

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**Name of person completing this form and date completed.**

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Name

Date

MECDHH required releases: (please see our release forms)

- 1) Audiologist
- 2) School District
- 3) Parent/Guardian
- 4) Vocational Rehabilitation (if age-appropriate)

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**Submit one form per student to:**

Kevin L. Bohlin, Public School Outreach Coordinator  
Maine Educational Center for the Deaf and Hard of Hearing  
One Mackworth Island, Falmouth, ME 04105  
[Kevin.Bohlin@mecdhh.org](mailto:Kevin.Bohlin@mecdhh.org)  
[PSO-Referrals@mecdhh.org](mailto:PSO-Referrals@mecdhh.org)  
(207) 781-6289 (FAX)

Any question, please give us a  
call at (207)250-0998