



MAINE EDUCATIONAL CENTER FOR THE DEAF AND HARD OF HEARING

GOVERNOR BAXTER SCHOOL FOR THE DEAF

One Mackworth Island, Falmouth, ME 04105

207-781-6230

FAX: 207-781-6289

referrals@mecdhh.org

**Statewide Education Services
Public School Student Information**

Student Information

Date: _____

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

DOB: _____ Age as of September 1st (of current school year): _____ Grade: _____

Check **ALL** that describe this student's communication system:

Expressive	<input type="checkbox"/> Language of the Home	Receptive
<input type="checkbox"/> ASL	<input type="checkbox"/> Sign Language	<input type="checkbox"/> ASL <input type="checkbox"/> Sign Language
<input type="checkbox"/> Augmented Comm.	<input type="checkbox"/> Spoken English	<input type="checkbox"/> Augmented Comm. <input type="checkbox"/> Spoken English
<input type="checkbox"/> Cued Speech	<input type="checkbox"/> Other	<input type="checkbox"/> Cued Speech <input type="checkbox"/> Other

Parent Contact Information

Parent Name(s): _____ Phone: _____

Address(s): *INCL city & zip* _____

County: _____ Email: _____

School Contact Information

School Name: _____

School Address: _____ City: _____ 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.)



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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:

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

* Name

Date

*The parties agree that the electronic signature of a party to this Agreement shall be as valid as an original signature of such party and shall be effective to bind such party to this Agreement.

MECDHH required releases: (please see our release forms)

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

Submit one form per student to: referrals@mecdhh.org

Any questions, please call:

Kim Spencer, Administrative Assistant
Early Intervention & Family Services/Referrals Birth-22
207-781-6230