

PROBLEM SOLVING FACILITATION PROCESS

INTAKE INFORMATION

(To be completed by referring agency or Coordinator)

Referral Source: UPC LINCS LEA USOE

Student Name		Parent/Guardian(s) Name	
Address		Phone Number	
Email		Primary Home Language	
District	School		Grade Level
Is child receiving special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No		Disability Classification:	
Setting (LRE) served in:			
Does the parent/guardian need accommodations in order to participate in this process? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, what?			

With whom have you discussed this concern with before now? _____

Utah State Office of Education School District LINCS Utah Parent Center

Legal Counsel Other _____

(USOE Office Use Only)	
These issues of concern are primarily in the area of:	
Identification	<input type="checkbox"/> Child Find <input type="checkbox"/> Evaluation <input type="checkbox"/> Eligibility
IEP/FAPE	<input type="checkbox"/> Goals <input type="checkbox"/> Services <input type="checkbox"/> Progress Report <input type="checkbox"/> Behavior
	<input type="checkbox"/> Discipline <input type="checkbox"/> Program Modifications & Supports <input type="checkbox"/> Other
LRE/Placement	<input type="checkbox"/> Amount of Special Education <input type="checkbox"/> Placement on continuum
Facilitator Assigned: _____	Date: _____
Coordinator's Signature: _____	Date: _____



Utah State Office of Education
 Special Education Services
 P.O. Box 144200
 Salt Lake City, Utah 84114-4200

Please describe the primary areas of concern or issues.

Is this a time-sensitive issue? Yes No If so, in what way?

Name of person filing request
(please print)

Signature

Address

Telephone
Number

Email Address



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