

APPENDIX D



Mindy Fattig, SELPA Director
2922 Harris Street ♦ Eureka, CA 95503

(707) 441-2051 ♦ (707) 445-6124 Fax
hdnselpa@hcoe.org ♦ www.hdnselpa.org

Low Incidence Request for Assistance

Student: _____ Grade: _____ DOB: _____ School: _____
Person completing form: _____ Title: _____
Case Carrier: _____ Phone: _____ Email: _____
Primary Teacher(s): _____
Related Service Provider(s): _____
Student's Eligibility: _____ District of Residence: _____
Parent(s): _____ Phone: _____

Student's Low Incidence category:

Visual Impairment Deaf/Hard of Hearing Orthopedic Impairment

SELPA Specialists: Please check the specialist(s) you would like to assist you.

Visual Impairment Deaf/Hard of Hearing Orthopedic Impairment
 Orientation & Mobility

Reason for request: (Goals and/or specific supports needed and/or desired accomplishments?)

Pertinent background information related to the request:

What supports are currently in place?

What supports have already been tried?

Administrator's Signature: _____ Date: _____

Upon completion, please send this form to:

Humboldt-Del Norte SELPA, Attn: Starline Pitlock
2822 Harris Street, Eureka, CA 95503 spitlock@hcoe.org (707) 441-2051 phone (707) 445-6124 fax