



4670 11th Street  
East Moline, IL 61244  
(309) 796-2500  
(309) 796-2511 FAX  
Dr. Kathy Ruggeberg, Director

When the need for a new service is suspected, the referring team will complete this [BHASED Itinerant Services Referral](#) and submit to Tawny Barkman, BHASED Special Education Coordinator at [tbarkman@bhased.org](mailto:tbarkman@bhased.org).

Student's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

District: \_\_\_\_\_ Building: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Consent for Evaluation Signed:** No: \_\_\_\_\_ Yes \_\_\_\_\_ (Date Signed \_\_\_\_\_)

**Please indicate evaluation(s) being requested:**

\_\_\_\_ Occupational Therapy

\_\_\_\_ Physical Therapy

\_\_\_\_ Hearing Impaired Itinerant Evaluation

\_\_\_\_ Visually Impaired Itinerant Evaluation

\_\_\_\_ Adapted P.E.

Please answer the following questions as *specifically* as possible in reference to this student.

