**Berea Early Childhood Training Center**



Preschool Consultation Request

**District:**  Click or tap here to enter text.

**School:**  Click or tap here to enter text.

**Student Name:**  Click or tap here to enter text. **Age:** Choose an item.

**Areas of Eligibility:**  Click or tap here to enter text.

**Name and contact information of district or school personnel requesting assistance:**  Click or tap here to enter text.

**Reason for Request:**  Click or tap here to enter text.

**List of strategies, modification and interventions that have been implemented to address the concerns noted above:**  Click or tap here to enter text.

**Preschool Coordinator’s Name:**  Click or tap here to enter text. **Date:**  Click or tap to enter a date.

**Preschool Coordinator is aware of this request.**  Yes or No

***Send a copy of this completed form to:*** sonia.michael@berea.kyschool.us

(You will need to save the completed form and then attach it to an email)

**RTC Use Only**

**Request received**: Click or tap to enter a date.

**RTC Notes**: Click or tap here to enter text.

**RTC Visit Dates**: Click or tap to enter a date. Click or tap to enter a date. Click or tap to enter a date.