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? ☐ Yes ☐ No	Disability Classification:	
Setting (LRE) served in:		
Does the parent/guardian need accommodations in order to participate in this process? ☐ Yes ☐ 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 ☐ Child Find ☐ Evaluation ☐ Eligibility

IEP/FAPE ☐ Goals ☐ Services ☐ Progress Report ☐ Behavior
☐ Discipline ☐ Program Modifications & Supports ☐ Other

LRE/Placement ☐ Amount of Special Education ☐ 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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