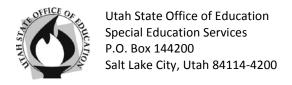
PROBLEM SOLVING FACILITATION PROCESS INTAKE INFORMATION

(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 L	anguage	
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 Offic					LINCS Uta	ah 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☐ Discipline		□ Progress Report fications & Supports			□ Behavior□ Other	
LRE/Placement Amount of Special Education Placement on continuum							
Facilitator Assigned:					Date:		
Coordinator's Signature:					Date:		



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
, ruai ess	Number
Email Address	1

