



SOUTH BEND COMMUNITY SCHOOL CORPORATION
Special Education Department
215 S. Martin Luther King Jr. Blvd., South Bend, IN 46601
Ph: 574.393.6119 Fax: 574.283.810

Dear Parent:

Federal regulations define Medicaid-covered speech, language and hearing evaluations and therapy s services that are referred by a physician or licensed practitioner of the healing arts within the scope of his or her practice under state law. This includes your family doctor, podiatrist, chiropractor or dentist. Because school systems can receive Medicaid reimbursement for these services, the Indiana Department of Education requires one of the professionals mentioned above to complete the bottom portion of this letter. It is important to assure you the this requirement will in no way delay or disrupt corporation procedures under state and federal law that require parent consent with advance notice for an evaluation, a case conference and services/

It is our hope that your physician or licensed practitioner will complete this form without the need to schedule an additional appointment for this requirement. Thank you in advance for your cooperation and follow up.

Sincerely,

Speech-language Pathologist or Audiologist

School

* * * * *

Dear Dr. _____ :

As explained in the letter above, a referral is required in order for students to receive speech, language and/or hearing evaluatinos and therapy. Please indicate your recommendation for _____

Student

In my profession opinion this student is in need of:

- _____ speech-language evaluation
- _____ speech-language therapy (if determined eligible in a case conference)
- _____ hearing screening
- _____ audiological evaluation
- _____ aural rehabilitation following cochlear implant

Signature of Licensed Practitioner

Please stamp name and location below:

Date

Thank you. Please mail or fax this form to the Special Education Office, FAX 574-283-8105, Attn: Chuck Moore