



## Request for Services

New England Consortium on Deafblindness  
175 North Beacon St., Watertown, Ma 02472

Return by email to [NEC@Perkins.org](mailto:NEC@Perkins.org)

Information			
Date:	Individual Requesting Services:		
Child/Student Name:	Position:		
Child/Individual DOB:	School/Agency:		
Parent/Guardian Name:	Email:		
School District:	Phone Number:		
Is this child registered with NEC? (circle one) YES                  NO			
Areas of Child and Family Need			
We are requesting assistance to address the following (check all that apply):			
Communication and Language		Transition and Life Skills	
Literacy		Play, Leisure, and Recreation	
Vision and/or Hearing		Home-based Routines	
Tactile		Family Advocacy	
IFSP and IEP		Networking with Other Families	
Other (please specify):			
Areas of Service Provider Need			
We are requesting assistance to address the following (check all that apply):			
Assessment Strategies		Transition Planning	
Instructional Strategies		Professional Development in Deafblindness	
IEP and Program Development		Para/Intervener Training	
Access to the General Curriculum		Leadership Training in Deafblindness	
Sensory Assessment (Vision, Hearing, & Tactile)		Social Emotional Skills	
Other (please specify):			

Contact Signature: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_