



**Harlingen Consolidated Independent School District**  
R.E.A.C.H. Recognizing Essential Abilities all Children Have

**Request for Consultation**

Student Name: \_\_\_\_\_  
Campus: \_\_\_\_\_

Meeting Date: \_\_\_\_\_  
Date of Request: \_\_\_\_\_

If the R.E.A.C.H. committee suspects that a tier III student might be referred for an evaluation for special education, consultation from an assessment and/or behavior specialist will be required to provide the committee more in-depth information about a student's needs. The committee has decided to request for consultation from the following individual(s):

**Consultant requested:**

- |                                                      |                                                 |
|------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Speech/language pathologist | <input type="checkbox"/> Diagnostician          |
| <input type="checkbox"/> Assistive Technology        | <input type="checkbox"/> Psychologist           |
| <input type="checkbox"/> Dyslexia specialist         | <input type="checkbox"/> LSSP                   |
| <input type="checkbox"/> Autism specialist           | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> VI Teacher                  | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Physical Therapist          |                                                 |

**Consent:**

Formal consent for consultation is required for consultation with psychological staff. Attach consent.

**Parent Notification:**

Parent was formally notified on \_\_\_\_\_. Parent has been notified by:

- Conference     Telephone     E-mail     Home Visit     Other: \_\_\_\_\_

\_\_\_\_\_  
Signature of Case Manager