

Deaf/Hard of Hearing (DHH) Outreach Support Request Form

I. Introduction

The Michigan Department of Education - Low Incidence Outreach (MDE-LIO) assists families, students, and school districts by providing DHH guidance, training, and support.

A request for support can be initiated by a parent/guardian, teacher, or special education administrator/designee from the local district or intermediate school district (ISD). However, the request form must be signed by all three. Before submitting a request, please review the [DHH Outreach Support Guidelines](https://bit.ly/DHHOutreach) (bit.ly/DHHOutreach).

After MDE-LIO receives the form, a staff member will contact the requester within 3 business days to acknowledge receipt of the request. An education consultant will then work with those who signed the form to create an action plan for the request.

II. Requester Information

Name:		
Street Address:		
City:	State:	Zip:

III. Student District Information

District:		
Street Address:		
City:	State:	Zip:

IV. Parent/Legal Guardian Information

Parent/Legal Guardian Name:		
Street Address:		
City:	State:	Zip:
Phone Number:	Email:	

V. Educator Information

Include the student's teacher(s), support staff, and administrators.

Teacher or Teacher Consultant for DHH:	
Phone Number:	Email:
Educational Audiologist:	
Phone Number:	Email:
Speech Language Pathologist:	
Phone Number:	Email:
Special Education Administrator/Designee:	
Phone Number:	Email:
Other:	
Phone Number:	Email:

VI. Support Topic

Please choose the topic below that is most relevant to your request.

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Observation and Consultation | <input type="checkbox"/> Communication | <input type="checkbox"/> Assessment |
| <input type="checkbox"/> Family Education | <input type="checkbox"/> Transition | |
| <input type="checkbox"/> Early Childhood/Early Intervention | <input type="checkbox"/> Self-Advocacy | |

Other:

VII. Request Description

<p>Please describe your need for assistance (do not include names of students under 18):</p>

VIII. Assurance Statements

Parent/Guardian or Student Assurance Statements

1. I certify that I am the parent/legal guardian of the student or that I am a student of majority age (18 or older) and have authority to sign this release.
2. I hereby authorize the exchange of records and reports regarding the student between the MDE-LIO team and the student's educators.
3. I give permission for an MDE-LIO consultant to provide guidance, training, and support for assessments to the above-named student.
4. I have read the [DHH Outreach Support Guidelines](https://bit.ly/DHHOutreach) (bit.ly/DHHOutreach).

Parent/Legal Guardian Signature: _____ Date: _____

Student Signature (if 18 or older): _____ Date: _____

District Assurance Statement

I have read the [DHH Outreach Support Guidelines](https://bit.ly/DHHOutreach) (bit.ly/DHHOutreach). I hereby agree to the request of outreach support from MDE-LIO and the release of student information to MDE-LIO.

Special Education Administrator/Designee Signature: _____ Date: _____

Teacher/Teacher Consultant for DHH Signature: _____ Date: _____

Please email the completed form to msdb-outreach@michigan.gov.

This section is for MDE-LIO use only. Please do not fill out this section.

Student Information

Student Name:		
Age:	Grade:	Gender: