



Low Incidence Outreach  
702 W. Kalamazoo St.  
Lansing, MI 48915  
www.mdelio.org

## 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:
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## VII. Request Description

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