



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

I. Introduction

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

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](#).

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:

III. Student Information

Student Name:

District:

Age:	Grade:	Gender:
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IV. Parent/Legal Guardian Information

Parent/Legal Guardian Name:

Street Address:

City:	State:	Zip:
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Phone Number:	Email:
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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"/> Family Education | <input type="checkbox"/> Transition |
| <input type="checkbox"/> Early Childhood | |

Other:

VII. Request Description

Please describe your need for support:
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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 above-named student or that I am a student of majority age and have authority to sign this release.
2. I hereby authorize the exchange of records and reports regarding the above-named 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.

Parent/Legal Guardian or Student Signature: _____ **Date:** _____

District Assurance Statement

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 mail or fax the completed form to:

MDE Low Incidence Outreach
Attn: Outreach Support
P.O. Box 30742
Lansing, MI 48915

Fax: 517-335-1632