

## 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:
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### III. Student Information

Student Name:
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District:
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Age:	Grade:	Gender:
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### IV. Parent/Legal Guardian Information

Parent/Legal Guardian Name:
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Street Address:
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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"/> American Sign Language (ASL) and Communication |
| <input type="checkbox"/> Family Education             | <input type="checkbox"/> Transition                                     |
| <input type="checkbox"/> Early Childhood              |   |

Other:
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## 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