

# Tehama County

## *Special Education Local Plan Area*

A Cooperative Activity of the County's School Districts and Department of Education

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### Request For TCDE Fee For Service School Psychologist Services

Date of Request \_\_\_\_\_ Name of Referrer: \_\_\_\_\_

District: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Address: \_\_\_\_\_

CZY: \_\_\_\_\_

District Administrative Approval: \_\_\_\_\_

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#### **FEE FOR SERVICE:**

Initial

- Please attach SST notes
- Please attach Referral form

Triennial

- Attach signed assessment plan

Special Review

Consultation

Attendance at SST

Manifestation Determination

Other

Behavior Support Plan

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Date District Notified: \_\_\_\_\_ Consent Date: \_\_\_\_\_

Date Received: \_\_\_\_\_ District Case Carrier: \_\_\_\_\_

Date Assigned: \_\_\_\_\_ Assigned To: \_\_\_\_\_

IEP Due By: \_\_\_\_\_ TCDE Administrator: \_\_\_\_\_

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