Family Interest Form

Services requested relates to:
(please check all that applies)

☐ Deaf/Hard of Hearing  ☐ Deaf-Blind

☐ Early Intervention  ☐ School Age  ☐ Transition

☐ Hearing (Audiology)  ☐ Vision

Type of Services being requested:

☐ Observation & Recommendations  ☐ Tour

☐ IEP/IFSP assistance  ☐ Placement

☐ Assessment

Person Making Request: ____________________________________________

Email/Phone: ____________________________________________________

Student Name and Grade: __________________________________________

School District Information: ________________________________________

Additional Information:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Internal Use:

Date Request Received: ___________  Date of Response: ___________

Please return this form to DSDadmissions@christina.k12.de.us or contact the Director of Statewide Programs for further assistance.

Robert J. Andrzejewski, Ed.D., Acting Superintendent

The Christina School District is an equal opportunity employer. It does not discriminate on the basis of race, color, religion, creed, national origin, sex, sexual orientation, gender identification, marital status, disability, age, genetic information or veteran’s status in employment or its programs and activities. Inquiries regarding compliance with the above may be directed to the Title IX/Section 504 Coordinator, Christina School District, 600 North Lombard Street, Wilmington, DE 19801; Telephone: (302) 552-2600.