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# Allegheny Intermediate Unit

**Travel Instruction   
 Brian D. Welles, Assistant Director  
 Special Education and Pupil Services**

**Request for Services Form – Student/Classroom Services**

**Student/Classroom Information: Parent/Guardian Information:**

## Student/Classroom Name: Name(s): Address: Work Phone:

Cell Phone:

Home Phone: Email:

Date of Birth:

Parent Signature:

**Reason for referral**: Functional Assessment, Teacher Consultation, Travel Awareness Lessons,

Independent Travel Instruction, Community Based Instruction, Transportation Options/Access,

Extended School Year, \_\_\_\_Classroom/Group Instruction

# School Information:

## Graduation Date: Primary Disability: School/Program: Teacher Name: Teacher Email: Teacher Phone: Person Making Referral: Title: Phone: District Name: Email: Address:

\*\*\*\* **Please attach a copy of IEP and Re-evaluation Report, including specific dates**

District Authorization Signature: Date:

Print Name:

**For questions,** please contact the Travel Instruction office at 878-220-5738 and speak to **Shanie Lininger**, Travel Instructor, or email her at (**shanie.lininger@aiu3.net**).

# Please return completed form plus attached info to:

Allegheny Intermediate Unit Travel Instruction

475 East Waterfront Drive Homestead, PA 15120-1144

Attn: Ellen L. Callas (e-mail: ellen.callas@aiu3.net)

Date request received by AIU: