



ALABAMA STATE DEPARTMENT OF EDUCATION  
SPECIAL EDUCATION SERVICES ALABAMA  
AUTISM INITIATIVE



**REQUEST FOR SERVICES**  
***Glenwood, Inc.***

LEA: \_\_\_\_\_ Date: \_\_\_\_\_

Person Requesting: \_\_\_\_\_ Position: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please e-mail this form along with the required information to Ms. Tina Sanders at [tsanders1@alsde.edu](mailto:tsanders1@alsde.edu) or call 334-242-8114 for more information.

All requested documents that contain Personally Identifiable Information (PII) must be sent through the ALSDE Secure File Sharing Server. Upon receipt of this request, you will be emailed the secure file sharing server to upload the documents. **Do not send this request directly to Glenwood, Inc. Special Education Services will not be responsible for payment for requests sent directly to Glenwood, Inc.**

After all required information is received and approved this request for service form will be sent to Glenwood, Inc. by the ALSDE. You will be contacted by Glenwood for additional information and to schedule the requested service.

**Initials of the student to be evaluated:** \_\_\_\_\_

**Reason for Educational Diagnostic Evaluations for Autism Spectrum Disorders:**

\_\_\_\_\_ **Initial Evaluation**

**Date the public agency received a parent's signed consent:** \_\_\_\_\_

\_\_\_\_\_ **Reevaluation**

Glenwood, Inc. will coordinate and provide timely diagnostic evaluations in the area of Autism Spectrum Disorders (ASD) for students referred for an evaluation by local education agencies. Glenwood, Inc. will provide experienced and qualified consultants to administer the evaluations. Evaluations include: case preparation, on-site parent interview with the ADI-R, teacher/school personnel interview, student observation, ASD rating scales, ADOS-2 administration, consultation, and feedback with school and family. A diagnostic summary will be left at the school with a comprehensive report provided to the LEA within 14 calendar days of evaluation.

**Information required:**                      **Signed Notice and Consent for Initial Evaluation**  
**Or**  
**Signed Notice and Consent for Reevaluation**

APPROVED: (Special Education Coordinator approval must be received prior to request being initiated)

\_\_\_\_\_  
Special Education Coordinator