



TCESC AUTISM CONSULTATION TEAM BACKGROUND INFORMATION

Date:

Completed by:

Name of Child:

Parents:

School:

Program:

Program Supervisor:

Referred by:

Teacher:

Assistant(s):

Speech Pathologist:

Case Manager:

Others:

Contact Person:

Phone:

Email:

Please send completed form and copies of the current multifactored evaluation team report and IEP to:

Michelle Tul, MD Supervisor
Trumbull County Educational Service Center
6000 Youngstown Warren Road
Niles, Ohio 44446

Or return the form as an email attachment to: michelle.tul@trumbullesc.org.