



# TEHAMA COUNTY DEPARTMENT OF EDUCATION

1135 Lincoln Street • Red Bluff, CA 96080  
(530) 527-5811 • FAX (530) 529-4120

## Request For TCDE Fee For Service School Psychologist Services

Date of Request \_\_\_\_\_ Name of Referrer: \_\_\_\_\_  
District: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Student: \_\_\_\_\_ DOB: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Address: \_\_\_\_\_  
IEP Due By: \_\_\_\_\_ C/S/Z: \_\_\_\_\_  
**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 (Behavior, social-emotional, etc.)
- Attendance at SST
- Manifestation Determination
- Other

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### For Office Use ONLY

Date District Notified: \_\_\_\_\_ Consent Date: \_\_\_\_\_  
Date Received: \_\_\_\_\_ District Case Carrier: \_\_\_\_\_  
Date Assigned: \_\_\_\_\_ Assigned To: \_\_\_\_\_

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