

VNOC

Virginia Network of Consultants for Professionals Working with Children  
Who Are Deaf or Hard of Hearing

Consultation

\_\_\_\_\_ Public Schools

DATE

Consultant: I.M. Consultant

A request for assistance was sent by \_\_\_\_\_, title of person making the request for School Division Public Schools, regarding \_\_\_\_\_.

**STATEMENT OF THE PROBLEM**

Brief statement – use info from the service request form

A request was made for a VNOC consultant to:

- Bullet form is suggested.

This report will include:

- Bullets are suggested.

**BACKGROUND AND GENERAL INFORMATION**

**SUMMARY OF OBSERVATION/ASSESSMENT/INTERACTION**

(This is a brief description. You may add an appendix for extensive detail as needed.)

**SUMMARY AND RECOMMENDATIONS**

(Bulleated Recommendations are suggested)

It is hoped that this report will be helpful to School Division in planning for \_\_\_\_\_.

Respectfully submitted,

I.M Consultant,

Title

VNOC Consultant

Email/contact address

Cc: Name of Current Coordinator

Specialist for the Deaf and Hard of Hearing

VNOC Coordinator

Partnership for People With Disabilities

P.O. Box 843020

Richmond, VA 23284-3020

Encl: Appendix (as appropriate)