



# COMMON REFERRAL FORM

Monroe 2 - Orleans Board of Cooperative Educational Services

Date: \_\_\_\_\_ Referring District: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Gender:  Male  Female  Other: \_\_\_\_\_ Ethnicity:  Hispanic or Latino  Non-Hispanic or Non-Latino  
Classified:  Yes  No  504 Race:  Black or African American  White  Asian  
Classification: \_\_\_\_\_  American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander

Student's Current Program & Location: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Are referrals being sent to any other agencies/BOCES at this time?  No  Yes: \_\_\_\_\_

Requested Start Date:  Immediate Placement  ESY  Fall  Other: \_\_\_\_\_

Secondary Students Only: \_\_\_\_\_ First Year in 9<sup>th</sup> grade: \_\_\_\_\_

Expected Diploma/Credential(s):  
 Regents Diploma – Pathway: \_\_\_\_\_  CDOS Credential  
 Local Diploma  Skills and Achievement Commencement Credential

**Program(s) Requested for Consideration:** *(The Central Referral Committee will discuss all appropriate options)*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Westside Academy                                | <input type="checkbox"/> 6:1:1 Behavior Management                    | <input type="checkbox"/> 8:1:2 Intensive Management    |
| <input type="checkbox"/> TEAM at Westside                                | <input type="checkbox"/> 6:1:1 Medically Fragile                      | <input type="checkbox"/> 6:1:1 Therapeutic Day Program |
| <input type="checkbox"/> Activities for Daily Living Center (ADL) 12:1:1 | <input type="checkbox"/> 6:1:1 ASD (Autism Spectrum Disorders)        | <input type="checkbox"/> 8:1:1 Alternative High School |
| <input type="checkbox"/> Hospitality and Applied Skills (HaAS) 12:1:1    | <input type="checkbox"/> 8:1:1 CaSS (Communication and Social Skills) | <input type="checkbox"/> 12:1:1 Transition             |
| <input type="checkbox"/> 6:1:2 Complex Needs                             | <input type="checkbox"/> 12:1:1                                       | <input type="checkbox"/> 12:1:1 Project SEARCH         |

Parent(s)/Guardians(s) #1: \_\_\_\_\_  
Relationship:  Mother  Step-Mother  
 Father  Step-Father  
 Other: \_\_\_\_\_

Lives with student:  Yes  No  
Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_  
(C) \_\_\_\_\_  
(W) \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent(s)/Guardian(s) #2: \_\_\_\_\_  
Relationship:  Mother  Step-Mother  
 Father  Step-Father  
 Other: \_\_\_\_\_

Lives with student:  Yes  No  
Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_  
(C) \_\_\_\_\_  
(W) \_\_\_\_\_

E-mail: \_\_\_\_\_

Has parent/guardian been informed:  Yes  No  
Translator needed:  No  Yes: (specify) \_\_\_\_\_

Has a CSE meeting already been held to discuss referral:  Yes  No  
Will a CSE meeting need to be held to finalize a placement:  Yes  No

District Contact Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_

District Administrator (signature indicates approval):  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Records Required for Special Education Referrals:**

- Current IEP and/or IEP draft for year referring \*
- Most recent psychological evaluation\*
- Most recent social history
- Current report card †
- Official physical exam (within 12 months) \*†
- Immunization Record \*†
- NYS Test scores (all students grades 3-8) †
- Academic Transcript (all students grades 9-12) †
- Career Plan (all students grades 9-12)
- Level 1 Vocational Assessment (all students ages 14+) \*

**Other Records as Applicable:**

- Attendance record
  - Discipline/Incident reports
  - FBA \*
  - BIP including most recent progress monitoring update \*
  - Most recent related service evaluations
  - Most recent related service annual reports/summaries
  - Other reports (i.e., psychiatric eval, discharge summary, etc.)
  - 504 Plan or Declassification Plan (as applicable) †
- \* Required for HaAS and ADL referrals  
† Required for Westside Academy referrals