Your Educational Partner of Choice
BOCES 2

COMMON REFERRAL FORM

Student Information

Date:	Referring District:	Student ID#
Student Legal Name:	Student Chosen Name:	
Nickname(s):	Pronouns:	Self-Identified Gender:
Date of Birth:	Age:	Grade:
IEP Classification (if applicable):	English Language Learner: ☐No ☐Yes, proficiency level:	
Student's current program and location:		
Reason(s) for referral (check all that apply): ☐Behavioral Concerns ☐Academic Concerns ☐ Ready for a lower level of support ☐Other		
Please explain reason(s) above:		
Is student being referred elsewhere? ☐No ☐Yes (please specify):		
Ethnicity: ☐Hispanic/Latino ☐Non-Hispanic/Non-Latino	Race: ☐Black/African American ☐White ☐Asian ☐American Indian/Alaska Native ☐Native Hawaiian/Pacific Islander	
For Secondary Students:	Expected Diploma/Credential(s):	
First Year in 9th Grade:	☐NYS Regents ☐Local ☐CDOS ☐Skills and Achievement Commencement Credential	

Program(s) Requested for Consideration *(Central Referral Committee will review all appropriate programs)*

District-Based:	Center-Based:	Transition:
☐12:1:2 (K-2; 9-12)	☐6:1:1 (7-12)	☐12:1:1 Transition
☐8:1:1 (6-12)	☐6:1:2 Complex Needs (K-12)	☐6:1:1 Transition
☐6:1:1 Medically Complex (6-12)		☐Project SEARCH
☐6:1:2 ASD (K-12)		

Vocational: ☐Community & Transition Readiness (8:1:1) ☐Professional & Technical Prep (6:1:1)

☐**Westside Academy** (alternative general education): Please send Westside referrals directly to Ed Mongold: emongold@monroe2boces.org

Parent/Guardian/Caregiver Information

Parent/Guardian #1 Name:	Parent/Guardian #2 Name:
Relationship: ☐Mother ☐Father ■Step-parent ☐Other (specify):	Relationship: ☐Mother ☐Father ☐Step-parent ☐Other (specify):
Lives with student: ☐Yes ☐No	Lives with student: ☐Yes ☐No
Address:	Address:
Phone Number(s):	Phone Number(s):
E-mail:	E-mail:
Translator/Interpreter Needed: ☐No ☐Yes (Specify Language):	

District Information

Have parent(s)/guardian(s) been informed? ☐Yes ☐No	Are parent(s)/guardian(s) in agreement with the referral? ☐Yes ☐No
Has referral been discussed at CSE? ☐Yes ☐No	CSE needed to finalize placement? ☐Yes ☐No
District Contact Name:	District Administrator Signature: SIGN HERE
Title:	
Phone:	
E-mail:	

Records Required for Referral	Please Include if Applicable
☐Current IEP and/or IEP draft for year referring *	☐Attendance record
☐Most recent psychological evaluation*	☐Discipline/Incident reports
☐Most recent social history	☐IEP Progress Notes
☐Current report card †	☐Minutes from most recent CSE meeting
☐Official physical exam (within 12 months) *†	☐FBA
☐Immunization record *†	☐BIP including most recent progress monitoring update
☐NYS Test scores (all students grades 3-8) †	☐Most recent related service evaluations
☐Academic Transcript (all students grades 9-12) †	☐Most recent related service annual reports/summaries
☐Age-Appropriate Transition Assessment (all students gr 9-12)*	☐Most recent NYSITELL/NYSESLAT results (for ELLs/MLLs)
*Required for contract CTR/PTP referrals	☐Other reports (safety plans, psychiatric eval, discharge summary, etc.)
† Required for Westside Academy referrals	☐504 Plan or Declassification Plan (as applicable)