



COMMON REFERRAL FORM

Date: _____ Referring District: _____ Student ID#: _____

Student's Legal Name: _____ DOB: _____ Current Grade: _____

Name Student is Also Known As: _____ Self-Identified Gender: _____

Classified: ☐ Yes ☐ No ☐ 504

Classification: _____

Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic or Non-Latino

Race: ☐ Black or African American ☐ White ☐ Asian

☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

English Language Learner: ☐ No ☐ Yes, proficiency level: _____

Student's Current Program & Location: _____

Reason for Referral: _____

Are referrals being sent to any other agencies/BOCES at this time? ☐ No ☐ Yes (please specify): _____

Requested Start Date: ☐ Immediate Placement ☐ ESY ☐ Fall ☐ Other: _____

Secondary Students Only:

Expected Diploma/Credential(s):

First Year in 9th grade: _____ ☐ Regents Diploma – Pathway: _____ ☐ Local Diploma

☐ Skills and Achievement Commencement Credential ☐ CDOS Credential

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

☐ 6:1:1 District-Based Behavior Mgmt

☐ 6:1:2 Complex Needs

☐ Community & Career Readiness (12:1:2) – ½ day

☐ 6:1:1 Medically Fragile

☐ 6:1:1 Center-Based

☐ Community & Transition Readiness (8:1:1) – ½ day

☐ 6:1:2 ASD (Autism Spectrum Disorders)

☐ Transition (6:1:1)

☐ Professional & Technical Prep (6:1:1) – ½ day

☐ 8:1:1 CaSS (Communication and Social Skills)

☐ Transition (12:1:1)

☐ Westside Academy (alternative/general education)

☐ 12:1:2

☐ Project SEARCH (8:1:1)

Send Westside referrals to Ed Mongold: emongold@monroe2boces.org

Parent(s)/Guardian(s) #1: _____

Relationship: ☐ Mother ☐ Step-Mother

☐ Father ☐ Step-Father

☐ Other: _____

Lives with student: ☐ Yes ☐ No

Address: _____

Phone: (primary) _____

(alternate) _____

E-mail: _____

Parent(s)/Guardian(s) #2: _____

Relationship: ☐ Mother ☐ Step-Mother

☐ Father ☐ Step-Father

☐ Other: _____

Lives with student: ☐ Yes ☐ No

Address: _____

Phone: (primary) _____

(alternate) _____

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: _____

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/Level 1 Vocational Assmt (all students gr 9-12) *

* Required for contract CCR/CTR/PTP referrals

† Required for Westside Academy referrals

Other Records as Applicable:

☐ Attendance record

☐ Discipline/Incident reports

☐ IEP Progress Notes

☐ Minutes from most recent CSE meeting

☐ FBA

☐ BIP including most recent progress monitoring update

☐ Most recent related service evaluations

☐ Most recent related service annual reports/summaries

☐ Most recent NYSITELL/NYSESLAT results (for ELLs/MLLs)

☐ Other reports (safety plans, psychiatric eval, discharge summary, etc.)

☐ 504 Plan or Declassification Plan (as applicable)