



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)