



# 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 9<sup>th</sup> 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
- 6:1:1 Medically Fragile
- 6:1:2 ASD (Autism Spectrum Disorders)
- 8:1:1 CaSS (Communication and Social Skills)
- 12:1:2
- 6:1:2 Complex Needs
- 6:1:1 Center-Based
- Transition (6:1:1)
- Transition (12:1:1)
- Project SEARCH (8:1:1)
- Community & Career Readiness (12:1:2) – ½ day
- Community & Transition Readiness (8:1:1) – ½ day
- Professional & Technical Prep (6:1:1) – ½ day
- Westside Academy (alternative/general education)

Send Westside referrals to Martha Willis - mwillis@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 (i.e., psychiatric eval, discharge summary, etc.)
- 504 Plan or Declassification Plan (as applicable)