## Special Education REFERRAL FORM

Orange-Ulster BOCES \* 2 Harriman Drive \* Goshen \* New York \* 10924 Mail to Jim Higgins, Assistant Director or email to james.higgins@ouboces.org

Please type or write legibly

		Referral Date:					
STUDENT INFORMATI	ION:	Requested Start Date:					
	ne) D.C	) R Ho	ome School District				
Student (East Plane, 1 list Plan	D.C	.D. 110	Home School District				
District Contact Person	Current Placement	& Grade Level	Dominant Language				
FAMILY INFORMATIO	<u> </u>						
Parent/Guardian	Home Phone No.	Mother Work No.	Father Work No.				
Home Address	Emergency C	ontact Emergency	Phone No.				
COMMITTEE ON SPEC	IAL EDUCATION	INFORMATION:					
5	IEP Date: (	Classification:	School Year: [ ] 10 Month [ ] 12 Month				
Recommended Placement	[ ] 8:1+1 [ ] 8:1+	-2 []6:1+1 []9:1+	-3 []6:1+2				
RECOMMENDED PRO	GRAM:						
Goshen Center Pr	ograms	Satellite Programs					
Liberty Elementary Program (Gr Raymond C. Cramer (Ages 5-21 STRIVE (Ages 5-21) John A. Flannery Middle/High S TASC (formerly GED - Ages 16	) school (Gr. 6-12) i-21)	<ul> <li>[ ] Chester Academy (Gr.7-12)</li> <li>[ ] Goshen Including Communities (Ages 19-21)</li> <li>[ ] Goshen Main Street (Ages 14-21)</li> <li>[ ] Minisink Middle/High School (Ages 11-21)</li> <li>[ ] Minisink ABA at Otisville (Ages 5-8)</li> <li>[ ] Warwick Sanfordville (Ages 5-11)</li> </ul>					
Academy at Arden Hill Middle/I Marguerite A. Flood Middle/Hig	High School (Gr. 6-12)						
Marlboro Prog	ram						
Middlehope Elementary (Gr. K-	5)						
Related Services Speech/Langua		Group/Individual	Session/Week				
[ ] Counseling	-						
[ ] Physical Therap							
[ ] Occupational T [ ] Visually Impair		<del></del>					
[ ] ELL Services	_						
[ ] Hearing Impaired							
[ ] Nursing Service	- ·						
[ ] Sign Language In	merpreter						

Expected Credenti	d School ial:	[]	Regents Diploma	[]	Local Diploma	[]	Equivalency Diploma
	tills & Achiev		ntial (NYSA	A only)	[ ]		Development and Occupational s Commencement Credential (CDOS)
Test Mo	odifications or	r Exem <sub>l</sub>	otions?				
Behavio	or Intervention ent's behavior	n Plan?	[ ] Yes	[ ] N	0		
Is the pr	rimary langua	ge spok	ten at home	English?	[ ] Yes		[ ] No
New Yo	ork State Alter	rnate A	ssessment (N	NYSAA)	Eligible? [ ]	] Yes	[ ] No
Special	Busing?						
Special	Equipment? _				<del></del>		
Medicat	ion?						
Is this st	tudent Medica	aid elig	ible? [ ]	Yes	[ ]	] No	[ ] Unknown
CIN Nu	mber:						
available in a BOO	e in the home CES program This student's in a special ed	districe distriction as described distriction as described distriction distric	t and, having cribed above ioral controls n facility. (Pl	g consider for the for s have dir lease prov	ed all less real ollowing read ninished suction ide existing	estrictive p son(s): h that he/s Behavior	t can no longer benefit from programs placements, is recommending placement she requires a highly structured program Intervention Plan)  ionships with peers and/or adults.
	This student related service			_	•	ized class	s placement, academic program and/or
C	Chairperson, C	Commit	tee on Speci	al Educat	ion		Date
Please no	Service	es for th	e Visually Im	paired are	arranged sepa	arately thro	etc. for any Related Services.  ough the Assistant Superintendent's Office.  cision made without complete referral

■ Behavior Intervention Plan

Revised: March 8, 2021

Anecdotal Records