

# PACE SCHOOL REFERRAL FORM

Please complete referral form and attach required documents listed below and email to [admissions@paceschool.org](mailto:admissions@paceschool.org)

Date of Referral: \_\_\_\_\_

## Required Documents

- Current IEP     Current Evaluation/Reevaluation Report  
 Current psychological/psychiatric information, if applicable

## Child/Adolescent Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ (M or F)

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

(if different than above)

Home/Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Who has legal custody of child? \_\_\_\_\_ Are there custody documents: \_\_\_\_\_ (Y or N)

(if yes please provide a copy)

Date of current IEP: \_\_\_\_\_ Date of current ER/RR: \_\_\_\_\_

Primary Disability: \_\_\_\_\_ Secondary Disability: \_\_\_\_\_

PA Secure ID #: \_\_\_\_\_ Family in agreement with Referral: \_\_\_\_\_ (Y or N)

## Contact Information

Current School: \_\_\_\_\_ School District: \_\_\_\_\_

LEA Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

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Current Medications: \_\_\_\_\_

Allergies or Medical Conditions: \_\_\_\_\_

Current/Past Mental Health Services: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_