

PACE SCHOOL REFERRAL FORM

Please complete referral form and attach required documents listed below and email to 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: _____

Current Medications: _____

Allergies or Medical Conditions: _____

Current/Past Mental Health Services: _____