



Specializing in educational solutions for lifelong learners

P.O. BOX 130, 17 MAPLE AVENUE, MAR LIN, PA 17951-0130 • (570) 544-9131 • FAX (570) 544-9189

### Maple Avenue Campus Referral Form

Forwarding of school records to the school receiving the student is provided for in the PA School Code. Please supply all information and attach school reports to Kate Herb, Supervisor of Special Education, at [herbk@iu29.org](mailto:herbk@iu29.org), and Jacqueline Wapinsky, Principal, at [wapij@iu29.org](mailto:wapij@iu29.org).

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ PA Secure Student ID#: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Lives With: \_\_\_\_\_

School District: \_\_\_\_\_ Building: \_\_\_\_\_ Grade: \_\_\_\_\_ Grade(s) Failed: \_\_\_\_\_ Start Date: \_\_\_\_\_

Is the student: Exceptional?  Yes  No Homeless?  Yes  No Unaccompanied youth?  Yes  No

Has MDE been held and/or IEP/NOREP completed?  Yes  No Explain: \_\_\_\_\_

As of today(date): \_\_\_\_\_ School Suspensions - # of out of school days: \_\_\_\_\_ # of in school days: \_\_\_\_\_

# of absences: \_\_\_\_\_ # of legal absences: \_\_\_\_\_

PSSA  Keystone  Other Assessments Explain: \_\_\_\_\_

SAP Referral:  Yes  No Date Referred: \_\_\_\_\_ Threat Assessment Referral:  Yes  No Date Referred: \_\_\_\_\_

Is the student currently being educated with a Blended Schools Program?  Yes  No ID#: \_\_\_\_\_

#### Reason for Referral: (Behavior)

- |  |   |
|--|---|
| <input type="checkbox"/> Physically assaultive           | <input type="checkbox"/> Threats                    |
| <input type="checkbox"/> Verbally abusive                | <input type="checkbox"/> Drugs/alcohol in school    |
| <input type="checkbox"/> Disruptive                      | <input type="checkbox"/> Violations of school rules |
| <input type="checkbox"/> Little or no peer relationships | <input type="checkbox"/> Other                      |

Explain: \_\_\_\_\_

#### Please attach the following records:

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Reports from Psychiatrist, Counselors, Probation, Residential Programs, etc.</li><li>• Health/Immunization/Dental Records</li><li>• Free or reduced lunch form or Confirmation Report</li><li>• Individualized Education Plan &amp; current Educational Eval. Report or Re-Eval.</li><li>• Behavior Records (i.e. disciplinary reports/updated # of suspension days)</li><li>• Current Report Card (Transcript/Current Schedule) *NEED TO BUILD SCHEDULE</li></ul> | <ul style="list-style-type: none"><li>• Attendance Records</li><li>• ACT 26 Affidavit (if applicable)</li><li>• Career Readiness Evidence</li><li>• Expulsion Information (if applicable)</li><li>• Home Language Survey</li><li>• Guardianship/Custody Papers</li><li>• Threat Assessment Forms (if applicable)</li></ul> |
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**\*An intake meeting will be scheduled once all information is received and reviewed.**

School Official

Title

Phone Number

Date