

SCHOOL AGE STUDENT SERVICE REFERRAL



Date of Request: _____ Social Security #: _____

Name: _____ Gender: _____ Birth Date: _____

PA Secure ID# _____ District of Residence: _____ Residence Status: _____

Person(s) with whom child lives: _____

What is the student's ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino

What is the student's race? (select all that apply) ☐ White ☐ Black or African American ☐ Asian
☐ Native Hawaiian or Other Pacific Islander ☐ American Indian or Alaska Native

What is the student's education classification? ☐ Regular Ed ☐ Special Ed ☐ 504 Plan

Is there another language spoken in the home? ☐ Yes ☐ No If so, what Language? _____

Is this student or has this student received ESL Instruction? ☐ Yes ☐ No

Student Address: _____
(Street) (City) (State) (Zip)

Natural/Adoptive Parent or Legal Guardian: _____ Relationship: _____

Parent Address (if different): _____
(Street) (City) (State) (Zip)

Home Phone: _____ Work Phone: _____

Current School: _____ Grade: _____ Teacher: _____ Phone: _____

Student's Neighborhood School Building: _____

Referred by: _____ Phone: _____ Position: _____

Reason for Referral: _____

<u>Class Placements</u> ☐ ESL– check if student requires services ☐ 1:1 ☐ Autism Support (<i>district based</i>) ☐ Autism Support-center-based (<i>HTA only</i>) ☐ Capital Area Mental health Program (CAMhP) ☐ Deaf or Hard of Hearing Support ☐ Diagnostic Program ☐ Diakon/Center Point Day Treatment Prgm ☐ Emotional Support ☐ Clinical Support ☐ Future Ready Work Immersion at PaTTAN ☐ Multiple Disabilities Support ☐ Penn State Hershey Project SEARCH ☐ UPMC West Shore <u>Non Class Placement Services</u> Blind or Visually Impaired ☐ Assessment/Evaluation ☐ Direct Service ☐ Support to School Personnel ☐ Materials Access Deaf or Hard of Hearing ☐ Assessment/Evaluation ☐ Observation/Consultation ☐ Direct Service ☐ Support to School Personnel ☐ Hearing Screening Follow-up Direct Educational Services: ☐ Itinerant Instruction ☐ Instruction Conducted in the Home ☐ Homebound Instruction	☐ Extended School Year ☐ FM Assistive Listening System Occupational Therapy ☐ Assessment/Evaluation ☐ Observation/Consultation ☐ Direct Service ☐ Support to School Personnel Orientation & Mobility ☐ Assessment/Evaluation ☐ Direct Service ☐ Support to School Personnel Personal Care Aide (PCA) ☐ PT <29 hr/wk ☐ FT >29 hr/wk Physical Therapy ☐ Assessment/Evaluation ☐ Observation/Consultation ☐ Direct Service ☐ Support to School Personnel Psychological ☐ Clinical Mental Health Evaluation ☐ School Psychological Evaluation: ☐ ADOS (<i>Autism Diagnostic Observation Schedule</i>) ☐ Autism ☐ Deaf or Hard of Hearing ☐ Gifted Screening ☐ Initial Evaluation ☐ Reevaluation/Review ☐ Reevaluation/Test ☐ Visual Impairment ☐ Support to School Personnel	School Health Services ☐ Nursing ☐ Spot Vision Screening Social Work ☐ Direct Service ☐ Support to School Personnel Special Ed Coaching Autism ☐ Support to School Personnel ☐ Observation/Consultation Positive Behavior Support ☐ Functional Analysis ☐ Functional Behavior Assessment ☐ Direct Service ☐ Support to School Personnel ☐ Observation/Consultation Speech & Language ☐ Screening ☐ Assessment/Evaluation ☐ Observation/Consultation ☐ Feeding Assessment/Consultation ☐ Direct Service ☐ Support to School Personnel Transition Support: ☐ Support to School Personnel ☐ Work Based Learning Experience ☐ Transition Assessment To submit a referral, Email to: caiu referrals@caiu.org or Fax to: 717-732-8425
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PLEASE COMPLETE PAGE 2

☐ I understand this will result in a modification to my contract. Please provide this service.

☐ Please contact me if this service will result in a modification to my contract

Authorized Signature _____ Services requested will be billed to the district making the request

Position _____ unless an alternate district is identified. _____

SCHOOL AGE REFERRAL REQUEST
Required Documentation

Class Placement Services

The following documents are **required** for **all** Class Placement referrals:

- Most recent IEP
- Most recent ER/RR
- Transcripts for grades 9-12
- Most recent report card for grades K-8

The following documents are requested as soon as possible but are required prior to enrollment:

- Immunizations/School Health Records
- NOREP reflecting new educational placement
- Health Plan (*if applicable*)
- Student's school district enrollment form (*necessary for PIMS*)
- Student's Home Language Survey

The following class placements require additional documentation as noted below:

Autism Support:

- Evaluation Report indicating diagnosis of Autism/PDD

Deaf or Hard of Hearing Support:

- Audiologist and/or Otologist report
- Communication Plan

Penn State Hershey Project SEARCH:

- PSH Project SEARCH Application

Non-Class Placement Services

The following documents are **required** for **all** Non-Class Placement referrals unless otherwise noted:

- Most recent IEP
- Most recent ER/RR

*Permission to Evaluate/Reevaluate for evaluation requests

The following services require additional documentation as noted below:

Blind or Visually Impaired:

- Medical documentation of Visual Impairment

Deaf or Hard of Hearing:

- Audiologist and/or Otologist report
- Communication Plan

Hearing Screening Followup:

- Student List
- No IEP/ER/RR required

Extended School Year:

- IEP indicating ESY eligibility and required services
- Health Care Plan (*if applicable*)

Occupational Therapy Evaluation*

Physical Therapy Evaluation*

Clinical Mental Health Evaluation*:

- Any previous psychological/psychiatric documents

School Psychological*:

- Most recent Psychological Eval. Report or ER/RR

ADOS*:

- ER/RR/IEP if applicable

School Health Services- Spot Vision Screening

- Student list
- no IEP/ER/RR required

Special Ed Coaching

Autism:

- Evaluation Report indicating diagnosis of Autism/PDD

PBS:

- Positive Behavior Support-Functional Analysis*
- Positive Behavior Support-Functional Behavior Assessment*

Speech & Language Evaluation*:

- Screening Results