Schuylkill Intermediate Unit 29

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

Schuylkill Learning Academy/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 Melissa Decusky, Supervisor of Special Education, at decum@iu29.org and Jacqueline Wapinsky, Principal, at wapij@iu29.org.

Student Name: _____ **DOB:** _____ **Age:** ____ **PA Secure Student ID#:** _____

Parent Name: _____ **Address:** _____

Home Phone: _____ **Work Phone:** _____ **Email:** _____

Cell Phone:_____ **Relationship to Student:** _____ **Live With:** _____

School District: _____ **Building:** _____ **Grade:** _____ **Grade(s) Failed:** _____ **Start Date:** _____

Exceptionality: _____

As of today(date): _____ **School Suspensions :** **# of out of school days:** _____ **# of in school days:** _____

# of absences: _____ **# of legal absences:** _____ **IEP Date:** _____
ER Date: _____ **RR Date:** _____

☐ **PSSA** ☐ **Keystone** ☐ **Other Assessments** **Explain:** _____

SAP Referral: ☐ **Yes** ☐ **No** **Date Referred:** _____ **Threat Assessment Referral:** ☐ **Yes** ☐ **No** **Date Referred:** _____

Date of FBA: _____ **Interventions Attempted:** _____

_____

_____

If more space is needed, please attach additional pages.

Reason for Referral: ***(Behavior)***

☐ **Physically assaultive**
☐ **Verbally abusive**
☐ **Disruptive**
☐ **Little or no peer relationships**
☐ **Threats**
☐ **Drugs/alcohol in school**
☐ **Violations of school rules**
☐ **Other**

Explain: _____

_____

If more space is needed, please attach additional pages.

Please attach the following records:

- Reports from Psychiatrist, Counselors, Probation, Residential Programs, etc.
- Health/Immunization/Dental Records
- Free or reduced lunch form or Confirmation Report
- Individualized Education Plan & current Educational Eval. Report or Re-Eval.
- Behavior Records (i.e. disciplinary reports/updated # of suspension days
- Current Report Card (Transcript/Current Schedule) *NEED TO BUILD SCHEDULE
- Attendance Records
- ACT 26 Affidavit *(if applicable)*
- Career Readiness Evidence
- Expulsion Information *(if applicable)*
- Home Language Survey
- Guardianship/Custody Papers
- Threat Assessment Forms *(if applicable)*

REQUIRED FIELDS ***An intake meeting will be scheduled once all information is received and reviewed.***

_____	_____	_____	_____
School Official	**Title**	**Phone Number**	**Date**