

BORGES ES St. Lawrence-Lewis BOCES 12:1:1 Programs Ogdensburg and Potsdam **St. Lawrence-Lewis BOCES** 

Date of Referral:		
Student'sName:	DOB:	Age:
Parent/Guardian(s):		
Address:		
Phone/Contact Number:		
Home District:	Classification:	
Other Agencies involved with student (If known,	•	<b>1</b> /
Mental Health Service Provider:		
Outside Service Provider:		
Dept. of Social Services:		
Other:		

EDUCATIONAL PROFILE

Most recent class placement (include names of teacher and counselor):

Please list skills or goals you would like the student to get out of life skills 12:1:1.

What related services are they currently receiving?

Does this student have a Functional Behavioral Assessment (FBA) and Behavior Intervention Plan (BIP) in place? If so, date of last FBA \_\_\_\_\_\_ Or an individual crisis support plan (ICSP) in place?

What is your tentative, future educational placement for this student?

Please attach the following paperwork to this form and send to:

- 1. Current IEP
- 2. Psychological Evaluation
- 3. List of current medications (at home and at school)
- 4. FBA and BIP/ Discipline Referrals (If applicable)
- 5. Related Service Evaluations
- 6. Progress Reports
- 7. Contacts with External Agencies

If sending by email, which is preferred, please send copies to the following: julie.austin-kormanyos@sllboces.org kady.sharp@sllboces.org for Potsdam Central School Dillon.chichester@sllboces.org for Potsdam Central School High School 12:1:1 rachel.odonnell@sllboces.org Kennedy School Ogdensburg

If sending by mail, send completed referral to: St. Lawrence-Lewis BOCES P.O. Box 231 Canton, NY 13617 Attn: Julie Austin-Kormanyos

The 12:1:1 team will review the referral to determine placement based on information provided and similarity of need once all information necessary is received according to the BOCES Intake Guidelines.