

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,	•	1 /
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.