

Date of Referral:		
Student'sName:	DOB:	Age:
Parent/Guardian(s):		
Address:		
Phone/Contact Number:		
Home District:	_Classification:	
Other Agencies involved with student (If known,	please include name	of contact person):
Mental Health Service Provider:		
MIT (Medical Intervention Team)		
Outside Service Provider:		
Dept. of Social Services:		
Probation:		
Other:		

## EDUCATIONAL PROFILE

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

Please describe the precipitating events leading to referral (i.e. specific behavioral, social, and emotional difficulties, and most current discipline referrals):

Has a Functional Behavioral Assessment (FBA) and Behavior Intervention Plan (BIP) been completed? Date of last FBA

Criteria for return to school placement (including specific behavioral goals):

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
- 5. Related Service Evaluations
- 6. Progress Reports
- 7. Contacts with External Agencies
- 8. SPOA Referral Completed

If sending by email, which is preferred, please send copies to the following: julie.austin-kormanyos@sllboces.org kady.sharp@sllboces.org for Annex Referrals rachel.odonnell@sllboces.org for Crossroads Referrals

If sending by mail, send completed referral to: St. Lawrence-Lewis BOCES P.O. Box 231 Canton, NY 13617 Attn: Lisa Gollinger The 6:1:2 team will review the referral to determine placement based on information provided and similarity of need. Once the referral has been reviewed, the CSE chair will be notified. It is highly recommended that parents/ guardian and student visit the program prior to the final placement decision.