



**St. Lawrence-Lewis BOCES
6:1:1 Programs
ABA Programs - Canton & Potsdam
Referral Form**

Date of Referral: _____

Student's Name: _____ DOB: _____ Age: _____

Parent/Guardian(s): _____

Address: _____

Phone/Contact Number: _____

Home District: _____ Classification: _____

What is the student's current programming?

___ SEIT

___ SCIS

___ Special Class (ratio: ___)

Related Services:

___ Speech

___ OT

___ PT

EDUCATIONAL PROFILE

Most recent class placement (include names of teacher(s)):

How does this child communicate their wants and needs?

Please list any challenging behaviors that you have concerns with.

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

If sending by email, which is preferred, please send copies to the following:

julie.austin-kormanyos@sllboces.org

melissa.fennessy@sllboces.org for elementary referrals

jbill@sllboces.org for grade 3 through high school referrals

If sending by mail, send completed referral to:

St. Lawrence-Lewis BOCES

P.O. Box 231

Canton, NY 13617

Attn: Lisa Gollinger

The 6:1:1 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.