



**St. Lawrence-Lewis B.O.C.E.S.**

**REFERRAL FORM  
Community Based Work Program**

Name: \_\_\_\_\_ Home  
District: \_\_\_\_\_

Address: \_\_\_\_\_ Date of  
Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Has student been referred to ACCES? \_\_Yes \_\_No Counselor:

Does student have a Care Coordinator (OPWDD)? \_\_Yes \_\_No CCO  
Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Work/Cell  
Phone: \_\_\_\_\_

Type of Referral (check one):     • 1:1     • Independent

Start Date: \_\_\_\_\_ Time of Day (one must be checked):   • a.m.   • p.m.

School Placement: _____	Vocational
Program: _____	
Teacher: _____	Expected Date of
Graduation: _____	
Type of	

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_



**St. Lawrence-Lewis B.O.C.E.S.**

## **REFERRAL FORM Community Based Work Program**

---

Please send the following information with this referral to:

**»Career Plan (9<sup>th</sup> grade to current year)**

- Psychological
- Vocational Evaluation (level I and/or II)
- Medical History/Physical Examination
- I.E.P.
- School Medical Emergency Form

Please send all referrals  
to:

**Lori Murray, Principal**  
(315) 386-4504  
ext. 20228  
lori.murray@sllboces.org

CSE Signature: \_\_\_\_\_