



St. Lawrence-Lewis BOCES
Community Connections Program
Ogdensburg and Norwood

Date: \_\_\_\_\_

- 6:1:1 [ ] Norwood (send to Lori Murray)
[ ] Ogdensburg (send to Melissa Fennessy)

Student's Name: \_\_\_\_\_ District: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ District \_\_\_\_\_
Contact Person: \_\_\_\_\_

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

\_\_\_\_\_ Parent's Phone Number: \_\_\_\_\_

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

Background Data

Outside Agencies
(list those applicable)

Classification: \_\_\_\_\_

Probation Worker: \_\_\_\_\_

I. Q. Verbal: \_\_\_\_\_

Case/Social Worker: \_\_\_\_\_

Full Scale: \_\_\_\_\_

Mental Health: \_\_\_\_\_

YAP: \_\_\_\_\_

Current Math: \_\_\_\_\_ Reading: \_\_\_\_\_

Other: \_\_\_\_\_

Number of credits, if any: \_\_\_\_\_

Medical

Current Program: \_\_\_\_\_

Medications: \_\_\_\_\_

CTE: \_\_\_\_\_

BOCES CLASS: \_\_\_\_\_

Home Instruction in past year? \_\_\_\_\_

Physician: \_\_\_\_\_

# of suspensions in past year? \_\_\_\_\_ Physical Condition: \_\_\_\_\_

# of days absent in past year? \_\_\_\_\_

ALTERNATIVE SPECIAL EDUCATION REFERRAL

(continued)

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

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Expectation for student: \_\_\_\_\_

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Is there anything that the team should know prior to the screening?

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Paperwork to be sent with Referral to:

**Lori Murray**      [lori.murray@sllboces.org](mailto:lori.murray@sllboces.org)

**Or**

**Melissa Fennessy**      [melissa.fennessy@sllboces.org](mailto:melissa.fennessy@sllboces.org)

**\*Please send the following necessary information along with your referral.**

- \_\_\_\_\_ Current IEP
- \_\_\_\_\_ Most recent Psychological
- \_\_\_\_\_ Most recent Educational Testing
- \_\_\_\_\_ Functional Behavioral Analysis/Behavior Intervention Plan
- \_\_\_\_\_ Progress Notes/Report Card or Junior/Senior High Transcript (Current and Previous School Year)
- \_\_\_\_\_ Incident reports (current and previous year – for 2 years)
- \_\_\_\_\_ A list of any criminal arrests, convictions, or current charges with supporting paperwork accessible.