



A BELVEDERE ACADEMY

The Mill School Referral Packet Cover Sheet

Student: _____ ID # _____ DOB: _____

School District: _____ Grade: _____ IEP Classification: _____

Person Making Referral: _____ Date: _____

School District Contact: _____ Phone: _____ Email: _____

Student's Mailing Address: _____

Phone Number: _____ E-mail address: _____

Child is in custody of: Mother Father Both Other: _____

Mother's Name: _____ Parent Step-Parent Guardian _____

First Last

Mailing Address & Phone (if different from above) _____

Father's Name: _____ Parent Step-Parent Guardian _____

First Last

Mailing Address & Phone (if different from above) _____

Is there legal documentation preventing access of records to either parent? Yes No

If yes, please explain: _____

Has there been an IEP Team Meeting prior to this referral? Yes No _____

If yes, proceed with referral. If no, such a meeting needs to be held before this referral is made.

Have parents/guardians been informed about this referral? Yes No _____

If yes, proceed with referral. If no, parent/guardian should be informed.

Do parents/guardians want to attend the initial assessment meeting? Yes No _____

If yes, who should be contacted: _____

Student _____

Current Program: _____

History of grades:	Attendance history:
Discipline history:	Guidance history:
Concerns expressed on report cards:	Assessment results (local and state):
Family issues noted: (custody, DCF reports, police involvement)	Other pertinent information:

Current and past services – Please check all that apply:

- | | | | |
|---|---|------------------------------|--------------------------------------|
| <input type="checkbox"/> Title 1 (math) | <input type="checkbox"/> Social work | <input type="checkbox"/> IEP | <input type="checkbox"/> OT |
| <input type="checkbox"/> Title 1 (reading) | <input type="checkbox"/> Outpatient therapy | <input type="checkbox"/> 504 | <input type="checkbox"/> 1:1 Aide |
| <input type="checkbox"/> English Language Learner | <input type="checkbox"/> Supplemental reading | <input type="checkbox"/> ESY | <input type="checkbox"/> Shared Aide |
| <input type="checkbox"/> Guidance | <input type="checkbox"/> Speech & Language | <input type="checkbox"/> PT | <input type="checkbox"/> Other |

Most recent vision screening date: Result:

Most recent hearing screening date: Result:

Current medications:

Health concerns:

Student _____

Why are you referring this student? _____

What are this student's strengths? _____

To what adult does this student have a strong connection? _____

Rate this student's performance in your classroom or setting. S = Strength W = Weakness N = not observed

	S	W	N		S	W	N
Reading skills	___	___	___	Pays attention/concentrates	___	___	___
Math skills	___	___	___	Has needed school items	___	___	___
Listening skills	___	___	___	Maintains approp. activity level	___	___	___
Written expression	___	___	___	Completes tasks	___	___	___
Spelling	___	___	___	Waits turn	___	___	___
Classroom work	___	___	___	Works cooperatively with peers	___	___	___
Homework	___	___	___	Remains seated	___	___	___
Tests/Quizzes	___	___	___	Stays on task	___	___	___
Follows oral directions	___	___	___	Complies with rules	___	___	___
Follows written directions	___	___	___	Shows respect for adults	___	___	___
Organizational skills	___	___	___	Adapts to change	___	___	___
Attendance	___	___	___	Accepts responsibility	___	___	___
Participation	___	___	___	Makes and keeps friends	___	___	___
Fine Arts abilities	___	___	___	Displays even disposition	___	___	___
Physical/motor skills	___	___	___	Other _____	___	___	___
Other _____	___	___	___				

	S	W	N
Expressive/Oral Language	___	___	___
Receptive Language	___	___	___
Articulation	___	___	___
Other _____	___	___	___

The following people should be invited to participate in this student's intake meeting:

- Reading Counselor Other _____
- SLP Principal _____
- SPED Parent
- Nurse Planning Room Coordinator
- OT Special(s) _____

Current performance level(s) in areas of concern:

Measurement tool(s) used to determine performance level *i.e.*, standards linked rubric, criterion

referenced material, curriculum based measures grades, etc. _____

Student _____

Strategies/Interventions/Accommodations already made/tried:

What strategies/interventions/accommodations have been used with this student? When did you use them? What were the results? What concern was the strategy targeting?

Begin / End / Result of Intervention

Modified instructional methods _____ / _____ / _____

Modified instructional pacing _____ / _____ / _____

Modified instructional materials _____ / _____ / _____

One-on-one instruction _____ / _____ / _____

Provided after school help _____ / _____ / _____

Connected student with peer tutor _____ / _____ / _____

Provided visual information _____ / _____ / _____
to accompany oral information

Allowed extra time for assignment completion _____ / _____ / _____

Contacted parent/held conference(s) _____ / _____ / _____

Sent weekly progress reports home _____ / _____ / _____

Consulted with support professionals
(counselor, case manager, nurse, etc.) _____ / _____ / _____

Developed behavioral contract _____ / _____ / _____

Modified classroom setting/arrangement _____ / _____ / _____

Determined daily/weekly goals with student _____ / _____ / _____

Sent homework/assignment log home _____ / _____ / _____

Other (specify) _____ / _____ / _____

What else may be contributing to this issue (e.g., environmental, social, health, etc.)

Student _____

What program do you seek?

- Tutoring
- Transitional (temporary)
- Part Time School
- Full Time School

PLEASE ATTACH THE FOLLOWING TO THIS REFERRAL PACKET:

1. Most current IEP
2. All educational assessments, including:
 - School Psychology reports
 - Results of formal academic assessments
 - SLP assessments
 - OT assessments
 - Social Work assessments
3. All available assessments community clinicians and services
 - Mental Health/Medical assessments
 - DCF reports and assessments
 - Community counseling reports and assessments
 - Criminal history and probation assessments
 - Available family history

SEND THE COMPLETED REFERRAL FORM AND ADDITIONAL MATERIALS VIA EMAIL TO:

tfeeny@bevedereservices.com

Date of Referral: _____

Staff Reviewer: _____

Date of Assessment Committee Meeting: _____

Assessment Committee Recommendation: _____

Date of Acceptance: _____

Start Date: _____