



278 East Allen St, Winooski, VT 05404
802-423-0111
www.millschoolvt.org

The Mill School Referral Form

Date: _____

Student: _____ DOB: _____

School District: _____ Grade: _____

LEA Representative: _____ Phone: _____ Email: _____

School District Contact: _____ Phone: _____ Email: _____

Student's Mailing Address: _____ **Student's Mobile Number:** _____

Phone Number: _____ E-mail address: _____

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

Parent/Guardian Name: _____ ☐ Parent ☐ Step-Parent ☐ Guardian
First Last

Mailing Address & Phone (if different from above) _____

Parent/Guardian Name: _____ ☐ Parent ☐ Step-Parent ☐ Guardian
First Last

Mailing Address & Phone (if different from above) _____

Other Guardian's Name: _____ Relationship: _____
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: _____

Student: _____

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.

IEP Date: _____

Student's IEP Classification: _____

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 visit? ☐ Yes ☐ No ____

If yes, who should be contacted: _____

Current Program: _____

REASON FOR REFERRAL:

Why are you referring the student? _____

What program do you seek?

☐ Tutoring

☐ Transitional (temporary)

☐ Part Time School

☐ Full Time School

History of Grades

--

Attendance History

--

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Student: _____

Discipline History

--

Mental Health History

--

Required State Assessment Results

--

Family Issues

--

Other Important Information

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EVALUATION REPORTS

☐ Standardized Intelligence Tests (attach most recent report of findings)

☐ Academic Achievement Assessment (attach most recent report findings)

☐ Speech/language Evaluation (attach most recent report of findings)

☐ Occupational Therapy Evaluation (attach most recent report of findings)

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Student: _____

☐ Other Evaluations (attach most recent reports of findings)

SCHOOL REPORTS AND PLANS

☐ Copy of current IEP or 504 plan

☐ Copy of most recent FBA

☐ Copy of current Behavior Intervention Plan (BIP), if applicable

CURRENT SUPPORT SERVICES:

Please list the services the student is currently receiving, including tutoring, therapies and counseling services

Service	Frequency	Provider	Phone/Email Contact

Most recent vision screening Date: Result:

Most recent hearing screening Date: Result:

Most recent Health Screening (attach the most recent report):

CURRENT MEDICATIONS:

Medication Name: Dosage: Reason for Prescription:

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What are the student’s general strengths? _____

Rate the student’s performance in the following domains. *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 _____	☐	☐	☐				

Strategies/Interventions/Accommodations already tried:
 What strategies/interventions/accommodations have been used with the student? When did you use them? What were the results? What concern was the strategy targeting? (attach detailed information if needed)

Result of Interventions

- ☐
Modified instructional methods

- ☐
Modified instructional materials

- ☐
One-on-one instruction

- ☐
Allowed extra time for assignment completion

- ☐
Contacted parent/held conference(s)

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

☐ Developed behavioral plan _____

☐ Created daily/weekly goals with student _____

☐ Other (specify) _____

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Student _____

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

PLEASE CIRCLE THE WORDS THAT YOU BELIEVE BEST DESCRIBE THE STUDENT

Bright	Self-Disciplined	Shy	Assertive	Participates	Creative	Articulate
Immature	Social	Passive	Organized	Funny	Disobedient	Tests Boundaries
Easily Frustrated	Distracting	Distractible	Negative	Irritable	Dependent	Gives up
Sits out	Courteous	Withdrawn	Leader	Intense	Motivated	Unmotivated
Musical	Confident	Hurtful	Popular	Restless	Calm	Physical
Gifted	Imaginative	Supportive	Independent	Agreeable	Loner	Stubborn
Responsible	Caring	Impulsive	Sad	Curious	Perfectionist	Honest
Helpful	Anxious	Careless	Resilient	Follower	Irresponsible	Energetic
Disorganized	Dishonest	Happy	Over-Protected	Inattentive	Introverted	Athletic

Student _____

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
 - Transcripts, report cards, proficiency reports
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:

millschooladmin@millschoolvt.org

Date of Referral: _____

Staff Reviewer: _____

Student Name: _____

SELF ASSESSMENT

PLEASE CIRCLE THE WORDS THAT BEST DESCRIBE YOU

Bright ☐	Self-Disciplined ☐	Shy ☐	Assertive ☐	Participates ☐	Creative ☐	Articulate ☐
Immature ☐	Social ☐	Passive ☐	Organized ☐	Funny ☐	Disobedient ☐	Tests Boundaries ☐
Easily Frustrated ☐	Distracting ☐	Distractible ☐	Negative ☐	Irritable ☐	Dependent ☐	Gives up ☐
Sits out ☐	Courteous ☐	Withdrawn ☐	Leader ☐	Intense ☐	Motivated ☐	Unmotivated ☐
Musical ☐	Confident ☐	Hurtful ☐	Popular ☐	Restless ☐	Calm ☐	Physical ☐
Gifted ☐	Imaginative ☐	Supportive ☐	Independent ☐	Agreeable ☐	Loner ☐	Stubborn ☐
Responsible ☐	Caring ☐	Impulsive ☐	Sad ☐	Curious ☐	Perfectionist ☐	Honest ☐
Helpful ☐	Anxious ☐	Careless ☐	Resilient ☐	Follower ☐	Irresponsible ☐	Energetic ☐
Disorganized ☐	Dishonest ☐	Happy ☐	Over-Protected ☐	Inattentive ☐	Introverted ☐	Athletic ☐

PLEASE ADD AND OTHER INFORMATION YOU THINK WE SHOULD KNOW ABOUT YOU
(Thinks like favorite food, things you like, things you don't like, your ideas about what makes a good school):
