



Private Day Placement Referral Form

Which school are you referring to? Sarah Dooley Center for Autism Dooley School Not Sure

Demographics:

Name: _____ Date of Birth: _____

Grade: _____ Gender: _____ Race: _____

Placing Agency: _____ Funding Agency: _____

Current Placement/Program: _____

Special Education & Disabling Condition(s):

IEP Label Primary and Secondary: _____ I:1/Targeted Assistance: Yes No

Related IEP Services: _____

Enrolled in Medicaid: Yes No Interest in additional SJV Services: Yes No

LEA/Placing Representative: _____ Ph: _____ Email: _____

Contact Information:

Guardian: _____ Ph: _____ Email: _____

Group Home: Yes No Group Home Contact: _____ Email: _____

Student Address: _____

Referral Information:

Reason for referral/ primary concerns:

Documents sent with referral (required documentation underlined):

<u>Current & Signed IEP</u> <input type="checkbox"/>	<u>Most Recent & Signed Eligibility</u> <input type="checkbox"/>	<u>Recent and Full School Physical</u> <input type="checkbox"/>
<u>Recent Report Card</u> <input type="checkbox"/>	<u>Psychological</u> <input type="checkbox"/>	<u>Recent Immunization Record</u> <input type="checkbox"/>
<u>Transcript</u> <input type="checkbox"/>	<u>Educational</u> <input type="checkbox"/>	<u>Social</u> <input type="checkbox"/>
<u>Attendance Record</u> <input type="checkbox"/>	<u>Observation</u> <input type="checkbox"/>	Other: _____