



EDUCATIONAL SERVICES & PROGRAM REFERRAL

Please complete referral and forward via email to District Services or fax to (708)481-5713

Date of Referral:	District:	Student's School:	Grade:
Principal:		Was Principal Notified of Request:	
		Yes	No
Referral Person:		Position:	Phone:
Student's Name: _____ <div style="display: flex; justify-content: space-between;"> Last First </div> Address: _____ City: _____ Zip: _____ Birth date: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F Date of Initial Consent for Placement: _____ Date of Initial Eligibility: _____ Date of Last IEP Meeting: _____ Date of Last Eligibility Meeting: _____ Primary Language: _____ Primary Mode of Communication: _____ Primary Disability: _____ Student SIS #: _____ Student Soc Sec #: _____ Medicaid #: _____ Parent/Legal Guardian: _____ Phone: _____ Foster Parent: _____ Phone: _____ DCFS Caseworker: _____ Phone: _____ Referring Person's Signature _____ Date _____ LEA Representative _____ Date _____		<p style="text-align:center;"><u>EDUCATIONAL SERVICES</u></p> <input type="checkbox"/> Vision Itinerant <input type="checkbox"/> Deaf & Hard of Hearing Itinerant <input type="checkbox"/> Functional Vision Assessment <input type="checkbox"/> Assistive Technology Consult <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Technical Assistance Individual Student Consult Classroom Consult Programmatic Consult Behavior Interventions Other _____	
		Contact Person: _____ _____	
		<p style="text-align:center;"><u>EDUCATIONAL PROGRAMS</u></p> <input type="checkbox"/> Early Learning Center (ELC) <input type="checkbox"/> Program for Adaptive Learning (PAL) <input type="checkbox"/> Independence Elementary School (IES) <input type="checkbox"/> Independence High School (IHS) <input type="checkbox"/> Academy for Lifelong Learning (ALL) (Transition Program) <input type="checkbox"/> Deaf & Hard of Hearing High School Instructional Program <input type="checkbox"/> CIBS (Crisis Intervention Behavior Stabilization) Program K-12+	
		Include in the Referral Packet: 1. Current Case Study w/ domain reports 2. Current IEP 3. Functional Behavior Analysis & Behavior Intervention Plan 4. H.S. Transcripts (if applicable) 5. Discipline Records (include # of days suspended, if applicable) 6. Medical / Health Records 7. Transportation needs (i.e. safety vest, monitor, preferential seating)	

Reason for Referral/ Comments:

For SPEED office use only: