



Date of Referral:	District:	Student's School:	Grade:
Referral Person:		Position:	Phone:
Student's Name: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Last First </div>		<p style="text-align: center;"><u>EDUCATIONAL SERVICES</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Vision Itinerant <input type="checkbox"/> Functional Vision Assessment <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Technical Assistance ___ Individual Student Consult ___ Programmatic Consult ___ Other _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Deaf & Hard of Hearing Itinerant <input type="checkbox"/> Assistive Technology Consult <input type="checkbox"/> Physical Therapy ___ Classroom Consult ___ Behavior Interventions </div> </div> <input type="checkbox"/> Professional Development: _____	
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 _____			

- EDUCATIONAL PROGRAMS**
- Early Learning Center (ELC)
 - Program for Adaptive Learning (PAL)
 - Independence Elementary School (IES)
 - Independence High School (IHS)
 - Academy for Lifelong Learning (ALL) (Transition Program)
 - Deaf & Hard of Hearing High School Instructional Program
 - 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: