DEARBORN STEP

Assessment Program
REFERRAL FORM
2020-2021
575 Washington Street
Newton, MA

(Door to the STEP program is on Lenglen St., Newton, Mass.)

Dearborn STEP phone: 781.641.1761
Fax: 781.641.1769
Email: lrice@dearbornstep.org

Date of Referral _____

Transportation by District; please identify Van Company used/Tel# _____

Student Name

DOB/age: _____/_____

Grade _____ SASID # ____

School System _____

Special Education Director _____

Name of Person Completing Form:

Role _____

District Contact Person/Title _____

Address _____

Phone_____ Cell _____

Email _____ Fax _____

Billing Person Tel # and Email: _____

Family/Guardian Information

Name(s) of Parent(s)/Guardian _____

Address _____

Further Contact Information:

Phone _____ Cell _____

Employment _____

Email _____

Name(s) of Parent(s)/Guardian _____

Address _____

Further Contact Information:

Phone _____ Cell _____

Employment _____

Email _____

Primary language spoken in the home _____
Other languages spoken in the home _____
If English is not the primary language, is a translator needed to support the parent/guardian? ____Yes ____ No

Student Medical Conditions (include medications, allergies, physical conditions, chronic illnesses)

_____

_____

_____

_____

1. Reason for Referral to STEP. Please describe circumstances and presenting difficulties.

_____

_____

_____

_____

_____

Districts, please send the following with this form:

- **Prior testing and evaluations**
- **Incident reports**
- **Conduct/discipline summary**
- **Copies of IEP or 504**

2. Current Educational Program provided by district

Is the student on an IEP? ___Yes, if yes date started _____ No _____

Is the student on a 504 plan? ___ Yes, if yes date started _____No _____

Most Recent School _____

Type of Setting _____

Name of Teacher Contact _____

Phone _____ Fax _____ Email _____

Name of Clinical Contact: _____

Phone _____ Fax _____ Email _____

MCAS

What MCAS will the student need to take during placement at STEP?

What MCAS has been PASSED? _____

_____

Academic Strengths

_____

_____

Academic Challenges

_____

_____

Services presently being received at school and in the home, and are there any recent changes to services?

_____

_____

_____

3. During our assessment, STEP will complete the following testing:

- **Kaufman Test of Educational Achievement Third edition**
- **Sound Inventory, if needed**
- **Analytical Reading Inventory (word identification and passage comprehension), if needed**

4. District Questions or Requests to be evaluated during the STEP assessment

_____
_____
_____
_____

5. List Current Collaterals (therapists, psychiatrists and agency involvement, etc.)

Name(s): **Contact Number:**

_____

_____

_____

_____

_____

Thank you for completing this form. Please note any additional information you would like us to be aware of on the back of this page.