

**STEP
Assessment Program
REFERRAL FORM
2022-2023
575 Washington St
Newton, MA**

(Door to the STEP program is on Lenglen St. Newton, MA
Here is the link to our program website: <https://dearbornstep.org/program/>)

**STEP phone: 781-641-3743
Fax: 781-641-1769
Email: lrice@dearbornstep.org**

Student Name: _____ **Date of Referral:** _____

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: _____

Transportation If provided by district please identify Van company used/Tel#

Family/ Guardian Information:

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

Address: _____

Contact information:

Phone: _____ cell: _____

Employment: _____

Email: _____

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

Address: _____

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?

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 with this form: prior/recent testing & evaluations, incident reports, discipline/conduct records, 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 miss while 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:

***** During our assessment the STEP Program will do the Kaufman Test of Educational Achievement Third addition
If other testing is needed this would be the responsibility of the district*****

3. District Questions or requests to be evaluated during the STEP assessment

4. List Current Collaterals (therapists, psychiatrists & 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 back of this page.