DISTRICT REFERRAL FORM

575 Washington St. Unit B, Newton, MA 02458
Director: Scott McGinn smcginn@dearbornstep.org

Student Name: _____ Date: _____

Date of Birth: _____ Age: _____ Pronouns:_____

Grade _____ SASID # _____

School District: _____

Special Education Director: _____

Name of person completing form: _____

Role: _____

Ongoing District contact person/title: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Billing Person: _____

Billing Email/Phone Number: _____

Transportation Company/Phone Number: _____

Caregiver (1): _____

Relationship to Student: _____

Street: _____

City: _____ Zip: _____

Phone: home: _____ cell#: _____ work#: _____

Email: _____ Occupation: _____

Caregiver (2): _____

Relationship to Student: _____

Street: _____

City: _____ Zip: _____

Phone: home: _____ cell#: _____ work#: _____

Email: _____ Occupation: _____

What is the primary language spoken at home? _____

Is a translator required?

Yes

No

Student Current Diagnoses:

_____

_____

_____

_____

_____

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

_____

_____

_____

_____

_____

Reason for Referral to STEP: Please describe the most recent circumstances that led to referral:

_____

_____

_____

_____

_____

Current Educational Placement

Most Recent School: _____

Type of setting (ie, full-inclusion, sub-separate, therapeutic program):

_____

Name of Teacher contact: _____

Phone: _____ Email: _____

Name of Clinical contact: _____

Phone: _____ Email: _____

Academics

What are the current academic courses the student is enrolled in?

_____

MCAS

Will the student need to take any MCAS during the assessment period? (District **must** communicate with the STEP Director if this is needed).

Yes

No

Unsure

Does the student require academic testing during the evaluation period (KTEA-3)? (Typically, we do not do testing if academic testing has been done within a year.)

Yes

No

Student Strengths:

_____

_____

Student Challenges:

_____

_____

Please list any services presently being received at school or in the home:

_____

_____

_____

_____