Referral for Cayuga-Onondaga BOCES Special Education Program

Student Name: _____ **Date:** _____

Student ID #: _____ **Referring School District:** _____

Date of Birth: _____ **Current Teacher:** _____

Current Grade: _____ **Current Placement:** _____

Classification: _____ **Desired Entry Date:** _____

1) Ethnicity:	Hispanic, Latino, or Spanish Origin? ☐ Yes ☐ No				
2) Race:	☐ American Indian or Alaska Native	☐ Asian	☐ Black or African American	☐ Native Hawaiian or Other Pacific Islander	☐ White

Student's Home Address: _____

Parent/Guardian 1:

Email Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Parent/Guardian 2:

Email Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

BOCES program student is referred to:

☐ 12:1:1 District-Based	☐ 8:1:1 District-Based	☐ 6:1:1 REC
☐ 12:1:3:1 District-Based	☐ 8:1:1 Alternative-REC	☐ 6:1:1 Social/Emotional Learning (SEL)-REC
☐ 12:1:1 Community Experience Program (CEP)	☐ 8:1:1 Day Treatment-REC	
☐ 12:1:1 Work-Based Learning (WBL)		

Teacher of Deaf/HOH ☐ Initial Evaluation ☐ Request for Services

The items listed below are <u>required</u>. The student will not be considered for a BOCES Program until BOCES has received complete referral packets. Please check the items that are included with this application:

☐ Individual Education Plan/504-(hearing services only)		☐ FBA/BIP (if applicable)	N/A ☐
☐ Psychological Evaluation		☐ Copy of Transcript (ALL High School Aged Students)	N/A ☐
☐ Health & Immunization *(Inc. physical and medical orders)*		☐ Multiple Party Release (Day Treatment only)	N/A ☐
☐ Discipline Record		☐ Career Plan/Employability Profile (non NYSAA)	N/A ☐
☐ Medical Reports	N/A ☐	☐ Level 1 Vocational Assessment	N/A ☐
☐ Free & Reduced Lunch Documentation	N/A ☐	☐ Custody Papers, if applicable	N/A ☐
☐ Audiological Evaluation (hearing services)	N/A ☐	**<u>ALL BOXES MUST BE CHECKED</u>.**	

<u>BOCES INTERNAL USE ONLY</u>

Date received <u>complete</u> referral packet:_____

Program:_____

Building/Teacher:_____

Start Date:_____

_____ _____

CSE Chairperson's Signature *Date*

_____ _____

Referring School District Superintendent's Signature *Date*

Send to Cindy Coughlin at Cayuga-Onondaga BOCES Special Education Department

Revised September 30, 2019