

ALTERNATIVE SPECIAL EDUCATION REFERRAL
(COMMUNITY CONNECTIONS)

Date: _____

6:1:1 ☐ Canton (Send to Lori Murray)

Student's Name: _____ District: _____

District

Date of Birth: _____ Contact Person: _____

Address: _____

_____ Parent's Phone Number: _____

Parent/Guardian: _____

Background Data

Outside Agencies
(list those applicable)

Classification: _____

Probation Worker: _____

I. Q. Verbal: _____

Case/Social Worker: _____

Full Scale: _____

Mental Health: _____

YAP: _____

Current Math: _____ Reading: _____

Other: _____

Number of credits, if any: _____

Medical

Current Program: _____

Medications: _____

CTE: _____

BOCES CLASS: _____

Home Instruction in past year? _____

Physician: _____

of suspensions in past year? _____

Physical Condition: _____

of days absent in past year? _____

ALTERNATIVE SPECIAL EDUCATION REFERRAL

(continued)

Reason for Referral: _____

Expectation for student: _____

Is there anything that the team should know prior to the screening?

Paperwork to be sent with Referral to:

Lori Murray lori.murray@sllboces.org

***Please send the following necessary information along with your referral.**

- _____ Current IEP
- _____ Most recent Psychological
- _____ Most recent Educational Testing
- _____ Functional Behavioral Analysis/Behavior Intervention Plan
- _____ Progress Notes/Report Card or Junior/Senior High Transcript (Current and
Previous School Year)
- _____ Incident reports (current and previous year – for 2 years)
- _____ A list of any criminal arrests, convictions, or current charges with supporting
paperwork accessible.