



## STUDENT REFERRAL FORM

### Student Referral Information

Date: \_\_\_/\_\_\_/\_\_\_ Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Referral Information

Who is making referral? (Circle one) Parent/Guardian School District

Parent/Guardian Name(s) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

School District \_\_\_\_\_ Contact Person \_\_\_\_\_

Position/Title \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Is the child a client of Regional Center? Yes No (If No - skip this section)

Regional Center Caseworker \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Who will pay for education? \_\_\_\_\_

If parents are going to pay privately, do you plan to request school district reimbursement? Yes No

### How to contact us:

Online at: [www.thebayschool.org](http://www.thebayschool.org)  
5400 Soquel Avenue, Suite F  
Santa Cruz, CA 95062  
831-462-9620 831-462-9616 Fax

## Student's Current Instructional Program

Describe educational placement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Methodology/Approaches used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please mail your Student Referral Form and materials to:**

**The Bay School**

**5400 Soquel Avenue, Suite F**

**Santa Cruz, CA 95062**

### **MATERIALS TO INCLUDE WITH THIS FORM**

#### **Required:**

- Copies of psychological reports with the diagnosis

#### **Optional (but preferred):**

- Relevant reports that are available (e.g., current IEP, Functional Assessment, ABBLS Assessment or other assessments)
- Cognitive/IQ tests
- Client Development Evaluation Report (*if Regional Center client*)
- Current IPP (*if Regional Center client*)

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