

Referral Form

Please complete the following form and include **all** required attachments as outlined, below.

Return to **referral@cfrla.org**

**School Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **School Making Referral** |  | **School Contact Person & Position** |  |
| **Contact Person Email** |  | **Contact Person Phone** |  |
| **Date of Referral** |  |  |  |

**Student Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Unique Student ID** |  | **Student Initials** |  |
| **Enrolled Grade** |  | **Disability Designation** |  |
| **Date of Last IEP** |  | **Date of Last MDE** |  |
| **Uniform Shirt Size** |  | **IEP Services (speech, OT, counseling, etc.)** |  |

**Reason for Referral**

|  |
| --- |
| **In the space below, please summarize your reasons for referring this child to the New Orleans Therapeutic Day Program. What are the behaviors you have observed, and what interventions have been implemented to support the child at school? (Please type your answer below or on a separate page)** |
|  |

**Treatment Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Known Medications** |  | **Known Outside Service Providers** |  |
| **Child’s last contact with outside service providers, if known** |  | **Number of times crisis team called in last year, if applicable** |  |
| **Dates crisis team called, if applicable** |  | **Dates of hospitalization, if applicable** |  |

**Parent Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Guardian Name** |  | **Parent/Guardian Preferred Language** |  |
| **Does the parent need translation services?** |  | **Would the parent need any support in signing consent paperwork?** |  |

**Attachments**

Please ensure the following documents are included with the referral. **Please ensure that all identifying information besides grade level and disability designation is redacted.**

**Special Education Information**

* Current IEP
* Current multidisciplinary evaluation
* Physician’s orders for OT and/or PT, if applicable (must obtain prior to intake process, if not currently in possession)

**Behavior Data**

* Current Functional Behavior Assessment (FBA)
* Current Behavior Intervention Plan (BIP)
* Tracking data demonstrating BIP implementation
* Previous BIP
* Behavior incident reports
* Relevant medical records

**Academic Data**

* Current year’s report cards and/or progress reports, if applicable
* Previous year’s report cards
* Previous year state standardized test scores
* Universal screening data
* Progress monitoring and intervention data
* IEP goal mastery data
* Standard mastery data