Student Name:       Student ID #:       Date of Birth:

Student Preferred Name:       Gender:  Age:

# Grade:

**Date of Referral by Professional** *(school psychologist, physician, outside professional, etc.):*

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**Date Packet Completed by School:**

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**School of Attendance:**        **Counselor:**

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| --- | --- | --- |
| **CONTACT 1** | Name: | Relationship to Student: |
| Address:  Work #:      Home #:       Other #:       Email:  Is this contact a Legal Guardian?  Yes  No | |
| **CONTACT 2** | Name: | Relationship to Student: |
| Address:  Work #:      Home #:       Other #:       Email:  Is this contact a Legal Guardian?  Yes  No | |

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| **Reason for Referral** | VERIFICATION STATEMENT | ADDITIONAL DOCUMENTS NEEDED |
| Medical | Physician or Certified Registered Nurse Practitioner statement | Student with Disabilities:   * 2 Copies of revised IEP * 504 Plan |
| Concurrent | Physician or Certified Registered Nurse Practitioner statement | Student with Disabilities:   * 2 copies of revised IEP * 504 Plan   All students:  Health Appraisal |
| Pregnancy | Physician or Certified Registered Nurse  Practitioner statement   * Expected date of delivery | Student with Disabilities:   * 2 copies of revised IEP * 504 Plan |
| Emotional Condition | School psychologist, licensed clinical psychologist or licensed psychiatrist statement | Student with Disabilities:   * 2 copies of revised IEP * 504 Plan   All students: Reentry Plan |
| Administrative Placement Only | Placement Letter | Student with Disabilities:   * 2 copies of revised IEP * 504 Plan |
| Teen Parent Alternative Program:  On Line  Annapolis location  *(recommendation only)* | Not applicable | * TPAP Application * Revised IEP * 504 Plan * Copy of the baby’s immunization record |

**Include copies of the following:**

❑ Completed ‘Records Release Authorization’

❑ Revised IEP *(for students receiving special education services)*

❑Student’s schedule *(Referrals for high school seniors must include list of required courses for graduation.)*