



We never stop believing in children and their families.

**SJV Private Day Placement Referral Form**

Which School Are you referring to: Sarah Dooley Center for Autism  Dooley School  Not Sure

**Demographics:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Placing Agency: \_\_\_\_\_ Funding Agency: \_\_\_\_\_

Current Placement/Program: \_\_\_\_\_

**Special Education & Disabling Condition(s)**

IEP Label Primary and Secondary: \_\_\_\_\_ 1:1/Targeted Assistance: Yes  No

Related IEP Services: \_\_\_\_\_

Enrolled in Medicaid: Yes  No  Interest in additional SJV Services: Yes  No

LEA/Placing Representative: \_\_\_\_\_ Ph: \_\_\_\_\_ Email: \_\_\_\_\_

**Contact Information:**

Guardian: \_\_\_\_\_ Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Group Home: Yes  No  Group Home Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Student Address: \_\_\_\_\_

**Referral Information:**

Reason for referral/ primary concerns: \_\_\_\_\_

**Documents sent with referral (Required Documentation Underlined):**

<b><u>Current &amp; Signed IEP</u></b> <input type="checkbox"/>	<b><u>Most Recent &amp; Signed Eligibility</u></b> <input type="checkbox"/>	<b><u>Recent and Full School Physical</u></b> <input type="checkbox"/>
Recent Report Card <input type="checkbox"/>	<b><u>Psychological</u></b> <input type="checkbox"/>	<b><u>Recent Immunization Record</u></b> <input type="checkbox"/>
<b><u>Transcript</u></b> <input type="checkbox"/>	Educational <input type="checkbox"/>	<b><u>Social</u></b> <input type="checkbox"/>
Attendance Record <input type="checkbox"/>	Academic and Career Plan <input type="checkbox"/>	Other: _____