

SUMMA ACADEMY
REFERRAL PACKET



FROM:

LEA Case Manager: _____

Title: _____

School District: _____

Address: _____

Telephone: _____

Email Address: _____

IDENTIFYING INFORMATION:

Name of Pupil: _____ Age: _____ DOB: _____

Ethnicity: _____ Primary Language: _____ Grade: _____

Home Address: (Address, City, Zip) _____

SCHOOL INFORMATION

School: _____ Phone: _____

Special Ed. Designated: Yes _____ No _____

Primary Handicapping Condition: _____ Secondary: _____

Next Assessment date (Annual/Tri): _____

Current Placement (M/S, M/M): _____

Other Special Needs: _____



PARENT INFORMATION

Parent/Guardian: _____ Phone: H _____ C _____

Home Address: (Street, City, Zip) _____

Email: _____ Primary Language: _____

Type of Residence: Home ____ Foster Home ____ Group Home ____ Residential Facility ____

Most Recent Autism Specialist Provider:

Name: _____ Phone: _____

Address (Street, City, Zip): _____

- 1. Does student have current BIP/FBA? Yes ___ No ___
- 2. Describe behavior and circumstances necessitating referral:

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REQUIRED DOCUMENTS:

- Most recent IEP
- Report of Behavioral Observations and Ratings, Assessments, BIP, and Evaluations
- All Psychological and behavioral assessments within the last 3 years
- Academic Evaluation
- Individual Intelligence Test
- At 30 day, Summa Academy may request additional documents
- Other (e.g. outside provider assessments)