



Bi-County Collaborative
Making It Possible

BI-COUNTY COLLABORATIVE REFERRAL FORM

This referral is for: _____ Placement
_____ Interim Alternative Educational Setting (45 Day Assessment)

Student's Name: _____ Date of Referral: _____

DOB: _____ Age: _____ Grade: _____ Gender: _____

District: _____ School Attending: _____

Parent/Guardian Name: _____

Home Telephone: _____ Cell Phone: _____

Parent/Guardian Address: _____

Parent/Guardian Name: _____

Home Telephone: _____ Cell Phone: _____

Parent/Guardian Address: _____

Primary Language of Parents: _____

Is this student currently receiving ELL services? YES _____ NO _____

If YES, include all ACCESS test scores in referral packet.

Is this student currently attending school? YES _____ NO _____

If NO, is this due to illness, disciplinary action, or other:

Reason for Referral:



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Needed for Referral Packet

- Release of Information (Signed by parent)
- Current IEP
- Current Psycho Educational Assessment
- Most Recent 3-Year Evaluation Reports
- Discipline Record (if applicable)
- Behavior Support Plan (if applicable)
- Report Card/Progress Reports
- Transcripts (High School Students)
- Immunizations and Health Record
- Urgent Relevant Medical Information

Needed Upon Enrollment

- Immunization/Health Record
- MCAS Scores
- Transcripts (High School)
- Home Language Survey
- Bi-County Collaborative Registration Packet Completed By Parent

Interim Alternative Educational Setting Referral Only

Assessments Requested*

(Check ALL That Apply)

- Educational Assessment
- Functional Behavioral Assessment
- Speech & Language Assessment
- Physical Therapy Assessment
- Psycho-pharmacological Medication Consult
- Other: _____

Additional Cost Evaluations (not included in daily rate)

Clinical Psychological Evaluation:

- Projective Testing
- Social/Emotional Functioning
- Clarity of Diagnosis
- Cognitive Testing
- Risk Assessment by Clinical Psychologist

***REQUIRED: SIGNED PARENT CONSENT FOR ALL ASSESSMENTS RECEIVED BY THE COLLABORATIVE WILL ONLY BE ACCEPTED UPON STUDENT'S ENROLLMENT / START DATE.**