

Telephone: 708/481-6100 TDD: 708/481-6100

Fax: 708/481-5713

## EDUCATIONAL SERVICES & PROGRAM REFERRAL

\*\*\*Please complete referral and forward via email to District Services or fax to (708)481-5713\*\*\*

Date of Referral:	District:	Student's School:	Grade:	
Principal:		Was Principal Notified of Request: Yes No		
Referral Person:		Position:	Phone:	
Student's Name: Last  Address:  City:  Birth date:  Date of Initial Consent for Placement:	Zip: Sex:M	EDUCATION  Vision Itinerant Functional Vision Assessment Occupational Therapy Technical Assistance Individual Student Consult Programmatic Consult Other	□ Deaf & Hard of Hearing Itinerant □ Assistive Technology Consult □ Physical Therapy □ Classroom Consult □ Behavior Interventions	
Date of Initial Eligibility:		- Interpreter recess.		
Date of Last IEP Meeting:  Date of Last Eligibility Meeting:  Primary Language:  Primary Mode of Communication:  Primary Disability:  Student SIS #:  Student Soc Sec #:  Parent/Legal Guardian:  Foster Parent:  DCFS Caseworker:	Medicaid #:Phone:Phone:Phone:	□ Early Learning Center (ELC) □ Program for Adaptive Learning □ Independence Elementary Scho □ Independence High School (IHS) □ Academy for Lifelong Learning □ Deaf & Hard of Hearing High School (IHS) □ CIBS (Crisis Intervention Behave) □ Include in the Referral Packet: 1. Current Case Study w/ domain 2. Current IEP 3. Functional Behavior Analysis 4. H.S. Transcripts (if applicable)	nol (IES) S) g (ALL) (Transition Program) School Instructional Program Evior Stabilization) Program K-12+ n reports S & Behavior Intervention Plan E) F of days suspended, if applicable)	
LEA Representative	Date	- Scatting)		
Reason for Referral/ Comments:				
For SPEED office use only:				