



REFERRAL
BUCKS COUNTY INTERMEDIATE UNIT 3/15/2016

DIRECTIONS AND SUBMITTING PROCEDURES

- 1. Open all forms in Adobe Reader
2. Save as (Student name) to your desktop, open then fill in form
3. Send as an email to: Referrals@bucksiu.org Be sure to attach Request for Referral and ALL required link form(s), IEP, RR, PTR/PTR ONLY when check box is yellow, etc.
4. You will receive an acknowledgement upon receipt of documents.

Is the Referral for: Placement/Screening/Evaluation Provide services per existing IEP
Date of Referral: Is the student in a district or IU classroom Out of County/Private

COMPLETE BY REFERRING HOME DISTRICT Email of person completing form

Home District: Home school:

District Contact Person: Last First Title Phone

e-mail 1: email 2:

Student Name: Last First PA Secure ID#:

Date of Birth: Student Address: Street/Apt. City ST. Zip
Parent/Guardian 1: Parent/Guardian 2:

Parent/Guardian Address if different: Street City ST. Zip

Parent e-mail:

Home Phone: Cell Parent 1: Work Parent 1:

Cell Parent 2: Work Parent 2:

Has parent been notified of the request for services? Y N

Current Teacher: Phone Number:

e-mail: Year referral is for:

Current grade: Current school: Present Placement

Current School Counselor:

Attach copies of Manifestation and/or Disciplinary records and # of days excluded this year.

Comments:

Student: _____ Date of Birth: _____

Records Included with this referral:

ER/RR IEP Behavior Plan NOREP

Other _____

It is understood that requested services will be billed to the home district.

Please check requested services: **Send PTE/PTRE only with yellow check boxes**

Audiological Services - Annual — [Click for Additional Required Form](#)

Audiological Services - Initial- To confirm hearing loss in booth — [Click for Additional Required Form](#)

Auditory Processing Evaluation — [Click for Additional Required Form](#)

Autistic Support - Itinerant

Autistic Support - Classroom

Autistic/Emotional Support (AS/ES) Classroom

Behavior Support/FBA, Behavior Specialist

Bilingual Psychological Evaluation --[Click for Additional Required Forms\(s\)](#)

Bilingual Speech and Psychological Evaluation --[Click for Additional Required Form\(s\)](#)

Bilingual Speech Evaluation --[Click for Additional Required Form\(s\)](#)

Brain STEPS — [Click for Additional Required Form](#)

C-Print Captioning

Deaf and Hard of Hearing Classroom

Emotional Support - Itinerant

Emotional Support - Classroom

Feeding Evaluation — [Click for Additional Required Form](#)

Hearing Support Evaluation - done by Itinerant Teacher of the Deaf - An Audiogram must be attached to the referral

Itinerant Interpreter Services-Sign Language Interpreter as per the Communication Plan

18-21 year olds - Voyages, Del Val Decisions, Quakertown Center Program, MBIT Spirit,

Haycock WOW, Transition MDS STEP, Transition Life Skills STEP, Transition AS STEP

Multiple Disability Support Classroom

Occupational Therapy Evaluation

Orientation & Mobility Evaluation — Vision students only — [Click for Additional Required Form](#)

Paraeducator/1:1 Support/District Special Service Authorization---[Click for Additional Required Form](#)

Physical Therapy Evaluation

Promise Program --[Click for Additional Required Form](#)

Psychological Evaluation

SETT/Assistive Technology (Student Environment Tools & Tasks) — [Click for Additional Required Form](#)

Specialized Learning Support

Short Term Intensive Treatment (STIT Tawanka)

Speech

Travel Training —For non visually impaired students — [Click for Additional Required Form](#)

Transition Services (Job Coaching) — [Click for Additional Required Form](#)

Vision Screening — [Click for Additional Required Form](#)