

Central Massachusetts Collaborative

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District Referral Form FY24

<input type="checkbox"/> Therapeutic Day Program	<input type="checkbox"/> Short Term Suspension or IAES Placement
<input type="checkbox"/> Autism Program	<input type="checkbox"/> 40/45 Day Assessment
<input type="checkbox"/> Recovery Program	<input type="checkbox"/> Other: _____

Student Name: _____ SASID: _____
 LASID: _____ D.O.B: _____ Current/Home School: _____
 Grade: _____ Gender: Male Female Non-Binary

Status (check all that apply): Reg ED 504 Plan Special ED: Primary Disability: _____
 IEP Start Date: _____ IEP End Date: _____ 45 Day Evaluation: Yes No

Programmatic District: _____ Fiscal District: _____
 District Contact: _____ Phone: _____ Email: _____

Legal Guardian: _____ Relation to Student: _____
 Guardian Phone number: _____ Email: _____
 Legal Status:(Check one) *Legal Guardian & Education signer* *Legal Guardian* *Education signing rights*

Foster Care: Yes No Homeless (Family): Yes No Homeless Youth (Unaccompanied): Yes No

DCF Worker: _____ Phone: _____ Email: _____
 Ed Surrogate Parent: _____ Phone: _____ Email: _____

English Language Learners Program: Yes No Access Score/EPL Level, if applicable: _____
 Student First/Native Language: _____ Students Language of Instruction: _____
 Primary Language of Parent (if different than student): _____
 Family Requires Oral Translation: Yes No Family Requires Written Translation: Yes No

FOR WOODWARD DAY SCHOOL ONLY:

Incident Date: _____ Reason for LSA: _____
 Number of LTS days _____ Suspension End Date: _____

Referral Checklist:

All information below must be submitted at time of referral.

If documents are missing please make a note of why.

Required prior to interview/intake: Prior to setting up an interview/intake, it is the responsibility of the sending school to ensure the following information/paperwork is submitted. Upon receipt of all required information, an interview/intake with the student will be scheduled.

- Signed Authorization to Release of Information for CMC from the district
- Proposed Individualized Education Program/504 Plan
- Transcripts and current/most recent academic grades (interim grades / report cards)
- MCAS Scores
- Discipline records/ LTS detailed incident report
 - (37H, 37H1/2 and 37H3/4 Letter of Findings, if applicable)
- Most recent Psychological Evaluation
- Functional Behavioral Assessment/Behavior Intervention Plan, Safety Plans, if applicable
- Most recent Educational Evaluation/Assessment
- OT/SLP/PT Evaluations, if applicable
- Other student assessments, if applicable (e.g. risk assessments, safety assessment, CRA)
- Assessments for ELL Students (ACCESS)
- Attendance records
- Home Language Survey

Upon District Acceptance of Placement at CMC, please provide one of the following:

- Signed IEP and Placement Page
- Signed Extended Evaluation Consent Form and N1

Required prior to first day at CMC:

- Parent registration packet
- Immunization records

Woodward Day School Only:

- UPDATED N1 to reflect WDS as IAES
- Numerical grades at time of exit from the district