

REFERRAL TO SCOE: Transition Programs

Student: _____ Date: _____

Nickname: _____ Male: _____ Female: _____ Date of Birth: _____ Age: _____

District of Residence: _____ School: _____

Case Coordinator: _____ Coordinator Phone #: _____

Parent/guardian name: _____ Parent/Guardian Phone #: _____

Address: _____

Student's primary disability: ID ED AUT OHI S&L LD Other: _____

Current educational program: Home Instruction SDC Not in School RSP Court School NPS Other: _____

Parent reaction to referral: Support Disagree Ambivalent

Date first entered U.S. School: _____

Significant Student Needs

Behavioral (includes attitude):

Counseling:

Academic:

Communication:

Health/medication:

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Vocational/CBI:

Learning Style:

Grooming/Personal Hygiene:

Mobility (includes ambulation, strength and endurance):

Public Transportation/Pedestrian Skills:

Attendance:

Banking/Budgeting:

Other Current Information

North Bay Regional Center (NBRC)	yes	no	Gang related issues	yes	no
Has a Social Security Number	yes	no	Substance abuse*	yes	no
Receives Social Security benefit	yes	no	*if yes, indicate type:		
Department of Rehabilitation (DR)	yes	no	Probation	yes	no
Client of Mental Health	yes	no			
Registered at SRJC	yes	no			

If yes:

Student ID #: _____

Student Pin #: _____

Sememster and Year class taken: _____

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Supporting Documents

Please attach the following supporting documents

- ____ SCOE 3-page referral form (this form)
- ____ Current IEP, dated: _____
- ____ Psychoeducational report (within 3 yrs.), dated: _____
- ____ Health & Development Report (Nurse's report other other relevant health reports)
- ____ Immunization Record
- ____ Copy of Birth Certificate
- ____ Copy of Social Security Card
- ____ Copy of California I.D.

If applicable:

- ____ Hearing Discipline Report
- ____ Behavior Plan, dated: _____
- ____ O.T. report, dated: _____
- ____ Speech and Language report, dated: _____
- ____ Most recent Physical Exam Rport or other Medical Specialist's Report
- ____ DSM diagnosis:
- ____ Other:

The district is responsible to provide SCOE with any new and relevant information occuring or obtained subsequent to submitting the referral packet to SCOE.