

**San Mateo County Office of Education
Related Service Referral 2015-2016**

This form to be completed by the Case Manager for use within the SMCOE K-12 SPED Program

Student Name:

Student Date of Birth:

Referring Teacher/Case Manager:

Date of Referral:

School Site:

If Parent referral, parent name:

Referral Information	Additional Documentation Required and person responsible
Student's Disability:	Copy of IEP (SMCOE Center Site/Palos Verdes will Provide)
Reason for Referral:	Teacher/case manager to describe reason for referral
Interventions tried:	Teacher/case manager to describe interventions tried and provide data from intervention if applicable
Type of Service Requested (circle)	Additional Documentation Required
Audiology	Current audiologist report required, teacher/case manager to obtain and attach
Visual I (V.I.)	Current ophthalmologist report required, teacher/case manager to obtain and attach
Orientation and Mobility (O & I)	Current ophthalmologist report required, teacher/case manager to obtain and attach
Adaptive Physical Education (A.P.E.)	None
Speech and Language	None
Occupational Therapy	Principal to contact the school district
AAC	Copy of Speech/Language Evaluation

Upon completing this form, please send to Principal at Center Site/Palos Verdes.

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Related Services Referral Authorization

Approved: _____

Principal Signature: _____

Date: _____

Next Steps

1. Principal to contact the district to discuss the referral. District may have additional requirements or wish to perform the assessment.
2. Assessment plan is sent to parents within 15 days of referral. Case manager to obtain signatures and return to Principal Center Site/Palos Verdes.
3. Principal to contact Related Service Coordinator to inform her of referral and assessment plan.
4. Principal to send letter to district informing district that the assessment is underway with a copy of the assessment plan.
5. Principal to send packet to Related Service Coordinator (referral form with supporting documentation, assessment plan, copy of IEP), and School District, as appropriate.
6. Upon completion of the assessment, case manager/teacher schedules IEP.

NOT Approved: _____

Principal Signature: _____

Date: _____

- State Reason:
1. Student to be assessed by LEA
 2. If a parent request, then PWN sent by LEA.

Need More Information: _____

Principal Signature: _____

Date: _____

Please describe: