

**The Vista School
Referral Form**

School District Referral Information Form

Instructions: Please complete this document to the best of your ability. Include copies of relevant information, where noted. **Incomplete referrals will NOT be processed until all requested information is received.**

Documentation of Diagnosis:

1. Most recent *School Evaluation Report, Psychological and Psychiatric reports within the last two years.*
2. Child's last two *IEPs, Behavior Plans (FBAs), and Graphs* as well as any other relevant information to ascertain student's progress over the last year.
3. Most recent *IEP Progress Report* with at least two quarters of progress.
4. Child's last two *Treatment Plans.*
5. Information from outside sources such as *Speech-Language Pathologist (SLP), Occupational Therapist (OT), Psychologist, etc.*
6. Attendance records *for the last two years.*
7. School District information and approving signature with contact information.

PLEASE NOTE: If you are submitting the packet as a parent referral (i.e. no district involvement), please include a completed scholarship application with tax information attached. This information is required for private pay cases as well.

Completed referral packets can be submitted electronically to the Student Services Manager at studentservices@thevistaschool.org

School District Referral Information Form

Date: _____ Student's Name: _____

Date of Birth: _____ Social Security Number: _____

Address: _____ Sex: _____

Student's Medical Assistance Number (10-digit): _____ Race: _____

Please attach a copy of child's Medical Assistance Card and Private Insurance Card to referral packet.

Please Select One of the Below:

**Referral To: The Vista School Campus The Local Education Agency Partnership (LEAP) Classroom
(current LEAP classroom age ranges available: 5-9 yrs old)**

Family Contact Person(s): (1) _____	(2) _____
Relationship: _____	Relationship: _____
Day Phone: _____	Day Phone: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
E-mail: _____	E-mail: _____
Fax: _____	Fax: _____

Number of adults in household: _____ Names: _____

Number of children in household: _____ Names: _____

School District: _____ IU: _____

Contact Person: _____

Phone Number: _____ Fax Number: _____

Mailing Address: _____

Email Address: _____

Clinical Diagnosis: _____ Date of diagnosis: _____

Child's Age at Diagnosis: _____ Performed by: _____

Does the student have a secondary diagnosis and/or other medical conditions? Yes No Unknown

If yes, please list: _____

Is the student currently enrolled in a school/program? Yes No

If yes, please list:

Name of school/program: _____

School district: _____

Special Education Director: _____

Program Description: _____

Does the student qualify for free or reduced lunch? Yes No

If yes, please provide copy of their school meal application.

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Is the student on medication? Yes No Unknown

If yes, list medication, dosage, administration times, and purpose.

Name of Medication	Dosage	Administration Times	Purpose

Has the student ever been admitted to a hospital/treatment center for a psychiatric, behavioral or crisis situation? Yes No

If yes, please explain: _____

Please summarize the hospital/treatment facility's observations and treatment(s): _____

Was this treatment effective? Yes No

Please explain:

Additional comments: _____

Signature _____

(School District Representative)

Completion and submission of the Referral Form to The Vista School admissions team begins The Vista School screening process. Furthermore, it provides a forum for parent and school district consideration of The Vista School as part of a continuum of appropriate placement options. Referrals are non-binding to The Vista School and school districts. The submission of a Referral Form does not guarantee acceptance or enrollment into Vista's programs. The Referral Form and supporting documents can be submitted digitally to studentservices@thevistaschool.org.