

# Midwestern Intermediate Unit IV

453 Maple Street, Grove City, PA

## Steps to Complete Student Service Referral Form

1. Save referral form to your computer
2. Complete page 2 (Demographics)
3. Complete page 3 by marking all items needed for the student
  - a. If service is in color, click on title
  - b. A supporting referral will appear
  - c. Save supporting referral to your computer
  - d. Open saved file and complete supporting referral
4. Email the following to [student.referral@miu4.org](mailto:student.referral@miu4.org)
  - a. Student referral form
  - b. Supporting referral forms
  - c. IEP, RR/ER, PTE/PTRE (if applicable) and other supporting documents

Services needing a PTE/PTRE will be noted by an asterisk (\*).

### Troubleshooting

If the supporting referral is not fillable, please be sure that it is opened in Adobe Reader and **not** in your web browser.

To open in Adobe Reader:

- Download the file to your computer
- Right Click on the downloaded file in your computer
- Click on ***open with***
- Click on ***choose another app***
- Look through the list for ***Adobe Reader*** and click on it
- Be sure to check the box that says ***always use this app to open PDF files.***  
Now your computer will always open PDF files with Adobe Reader and you won't have to do this again.

If you have any **troubleshooting problems with this form** please contact Melanie Turner at [melanie.turner@miu4.org](mailto:melanie.turner@miu4.org).

# N

**ALL DOCUMENTS MUST BE SAVED TO YOUR COMPUTER BEFORE FILLING OUT**

# Midwestern Intermediate Unit IV

453 Maple Street, Grove City, PA

## Student Service Referral Form

Date of Request: \_\_\_\_\_

### Student Information:

Student Name: \_\_\_\_\_

Student Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ PA Secure ID#: \_\_\_\_\_

Person 1 with whom child lives: \_\_\_\_\_

Person 2 with whom child lives: \_\_\_\_\_

Person 3 with whom child lives: \_\_\_\_\_

District of Residence: \_\_\_\_\_ If other please answer here: \_\_\_\_\_

Current School District: \_\_\_\_\_ If other please answer here: \_\_\_\_\_

Current School Building: \_\_\_\_\_

Student's Current Program: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Is there another language spoken in your home? \_\_\_\_\_ If so, what language? \_\_\_\_\_

Does student have a: \_\_\_\_\_ 504 \_\_\_\_\_ IEP \_\_\_\_\_ IFSP \_\_\_\_\_ Permission to Evaluate

Is this a New Service  Yes  No **or a** Transfer of Service  Yes  No

Exceptionality: \_\_\_\_\_ If transfer, from where? \_\_\_\_\_

### Parent Information:

Parent/Legal Guardian: \_\_\_\_\_

Parent address (if different from student): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### School Information:

Person Completing Referral: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

***Please complete this form and return it to [student.referral@miu4.org](mailto:student.referral@miu4.org)***

**ALL DOCUMENTS MUST BE SAVED TO YOUR COMPUTER BEFORE FILLING OUT**

**Adapted Physical Education**

- Adaptive Physical Education**
- Adaptive Physical Education Assessment**
- Support to School Personnel

**Assistive Technology**

- AT Assessment**
- Support to School Personnel

**\*Audiology (PTE Required)**

- Audiological Assessment**
- Central Auditory Processing Assessment**
- Direct Service

**Autistic Support**

- Itinerant Autistic Support**
- Classroom Based Placement

**\*Blind or Visually Impaired (PTE Required)**

- Assessment/Evaluation**
- Screening**
- Direct Service
- Materials Access

**\*Orientation & Mobility (PTE Required)**

- Assessment/Evaluation**
- Direct Service

**\*Deaf or Hard of Hearing (PTE Required)**

- Assessment/Evaluation**
- Screening**
- Direct Service
- Interpreting Services

**Direct Educational Services**

- Instruction Conducted in the Home**
- Homebound Instruction**

**Driver's Education**

- Driver's Education - Book Theory

**Emotional Support**

- Itinerant Emotional Support**
- Classroom Based Placement
- Partial Hospital Placement

**Extended School Year**

- Academic
- OT
- PT
- Speech
- Vision
- Hearing Support
- Other

**Life Skills Support**

- Classroom Based Placement

**Multiple Disabilities Support**

- Classroom Based Placement

**\*Occupational Therapy**

- Screening**
- Evaluation (PTE Required)**
- Direct Service

**Personal Care Aide (PCA)**

- Part Time
- Full Time

**\*Physical Therapy**

- Screening**
- Evaluation (PTE Required)**
- Direct Service

**Positive Behavior Support**

- Classroom Consult**
- Student Consult**
- \*Functional Behavior Assessment (PTE Required)**
- Support to School Personnel

**Psychological Services**

- \*Initial Evaluation (PTE Required)
- Reevaluation/Review
- \*Reevaluation/Test (PTE Required)
- Mentoring to School Personnel
- Psychological Counseling as a Related Service

**School Health Services**

- Nursing
- Health Care Plan Development
- LPN/Aide

**Social Work/Psychiatric Services**

- Consultation/Staffing**
- Support to School Personnel**

**\*Speech & Language (PTE Required)**

- Language Evaluation**
- Dysphagia (Feeding/Swallowing Evaluation)**
- Direct Service

**Secondary Transition**

- Transition Staffing
- Support to School Personnel
- Direct Student Transition Services
- Transition Assessment
- Community Based Vocational Training (CBVT)**
- Site Selection

**Midwestern Intermediate Unit IV**

453 Maple Street  
 Grove City, PA 16127  
 Phone: 724-458-6700 ext. 1284  
 Fax: 724-458-4468  
 www.miu4.org

***Please complete this form and return it to [student.referral@miu4.org](mailto:student.referral@miu4.org)***

**ALL DOCUMENTS MUST BE SAVED TO YOUR COMPUTER BEFORE FILLING OUT**