

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
 - 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.

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 _____ 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

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**
- Direct Service (Individual/Group)**
- Support to School Personnel**
- Psychological Counseling as a Related Service**

***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

ALL DOCUMENTS MUST BE SAVED TO YOUR COMPUTER BEFORE FILLING OUT