SENECA HIGHLANDS INTERMEDIATE UNIT 9

Autism Team Referral Form

(Duplicate as Needed)

Referral Received:
Reviewed:

I. Student: _____ D.O.B.: _____ Grade: _____

School: _____ Phone: _____ Current Placement: _____

School Contact: _____

Referral Person(s): _____/_____/_____

II. Please complete the following:

a) Is this an initial referral? Yes ____ No ____

If no - Previous referral date:

_____

b) Does this student have an Autism Spectrum Disorder diagnosis (i.e. Autism, Aspergers, PDD-NOS)?

No ____ Yes ____ (Please attach report)

Date of Diagnosis: ____/____/____

By whom: _____

Facility: _____

c) Does this student have a current ER/IEP? Yes ____(Please attach)

No _____

d) Does this student have a current Chapter 15/504 Plan? Yes ____(Please attach)

No

_____

e) Please check services student needs:

☐ O.T. ☐ V.I. ☐ Assistive Tech. ☐ P.T. ☐ H.I. ☐ Speech

☐ Behavior Support ☐ Other: _____

III. a) Briefly summarize the student's past history of educational services and any assessments that have been completed.

b) Briefly describe the reason for referral to the Autism Team. _____

c) Briefly describe what strategies have been tried and their success. _____

d) Does this child receive Mental Health Services? Yes ____(check those that apply)
No _____

___Wrap Around - Agency: _____

____ Mobile Therapist ___TSS ___BSC

___Family-Based

___ Case Management Worker Name: _____

IV. Parent Permission:

I have reviewed the information presented on my child regarding the referral to the Seneca Highlands IU9 Autism Team:

____ I give my consent to begin the referral process to the Seneca Highlands IU9 Autism Team.

____ I give my permission to exchange verbal and written information including all records and reports to the Seneca Highlands IU9 Autism Team for the following agencies:

- Agency/Organization: _____
- Agency/Organization: _____
- Agency/Organization: _____
- Agency/Organization: _____

Parent Signature Date

Please send completed Referral Form to:

Ashley Olson- TaC
aolson@iu9.org
Seneca Highlands Intermediate Unit Nine
119 S Mechanic St.
Smethport, PA 16749