

**Southwest Cook County Cooperative Association for Special Education  
Program Referral Form**

**Student Information:**

Student Name: \_\_\_\_\_ Resident District: \_\_\_\_\_  
Address: \_\_\_\_\_ District Contact: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ District Contact Phone Number: \_\_\_\_\_  
D.O.B.: \_\_\_\_\_ Grade: \_\_\_\_\_  
Primary/Secondary Disability: \_\_\_\_\_ SS#: \_\_\_\_\_ Medicaid#: \_\_\_\_\_  
Parent/Guardian Name and Phone Number: \_\_\_\_\_ DRS Client: yes no  
Agency Name/Case Worker/Phone Number: \_\_\_\_\_

**Program Referring to (please mark all programs considered):**

\_\_\_\_\_ Braun \_\_\_\_\_ DESTINY  
\_\_\_\_\_ Communication Development (CD) \_\_\_\_\_ Project Challenge  
\_\_\_\_\_ Deaf and Hard of Hearing (DHH) \_\_\_\_\_ Transition

**The Referral Packet Includes (\*Should be forwarded with every referral):**

\_\_\_\_\_ Current IEP\* \_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_ Most Recent Eligibility Documentation\*  
\_\_\_\_\_ Social History\*  
\_\_\_\_\_ Psychological Evaluation, if available\*  
\_\_\_\_\_ Medical History, Physical Form and Immunization Record\*  
\_\_\_\_\_ Current Transcripts (and a list of prior quarter grades and grades in progress) – High School only\*  
\_\_\_\_\_ Speech/Language Evaluation, required for CD program\*  
\_\_\_\_\_ Functional Behavior Analysis (FBA)/Behavior Intervention Plan (BIP), if applicable  
\_\_\_\_\_ Psychiatric Evaluation, if applicable  
\_\_\_\_\_ Discipline Record, if applicable  
\_\_\_\_\_ Neurological Evaluation, if applicable  
\_\_\_\_\_ Audiogram, if applicable  
\_\_\_\_\_ OT/PT Evaluations, if applicable (please include current Rx)  
\_\_\_\_\_ Legal Documents (guardianship, order of protection, probation, court orders, etc.),

**Additional Information to Consider (list on back of form):**