

**STUDENT REFERRAL INFORMATION**

Date: \_\_\_/\_\_\_/\_\_\_

**Name of Student:** \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Who is making referral? (Circle ) Parent/Guardian, School District

**Parent/Guardian Name(s)** \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

School District \_\_\_\_\_ Contact Person \_\_\_\_\_

Position/Title \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Who will pay for education? \_\_\_\_\_

If parents are going to pay privately, do you plan to request school district reimbursement? (circle) Yes/ No

**Is the student a client of Regional Center?** (circle) Yes/No (If No - skip this section)

Regional Center Caseworker \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**STUDENT INTAKE INFORMATION (please attach additional pages if needed)**

**COMMUNICATION:** List the current level of communication (receptive and expressive).

Are augmentative aides (PECs, pictures, computers) needed?

\_\_\_\_\_

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\_\_\_\_\_

**BEHAVIOR:** List specific behaviors that are, or have been, problematic and summarize how these behaviors are currently managed, either in the home, the community, or at current educational placement.

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**MEDICATION and DIETARY NEEDS:** List current medications and reason for the medication and any current dietary concerns or restrictions.

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**EDUCATIONAL PROGRAM:** Describe student's current educational placement and the methodology/approaches used.

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**GOALS:** What is your goal for your child's educational program?

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**Please include the following reports with this form:**

- Current IEP and IEPs and Progress Reports for last three years
- Current (within last three years) triennial assessments for psychology, speech, OT, development, functional behavioral assessment
- Current Regional Center IPP and progress reports, if Regional Center client.
- If reports are not attached, please complete and sign the release of information forms for CAC to obtain the information.

**Please mail Student Referral Form to:**

CORYELL AUTISM CENTER  
111 Errett Circle  
Santa Cruz, CA 95060

The Coryell Autism Center admits students of any race, color, national origin, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin, and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.