



**Referral Packet**

Student's Name: \_\_\_\_\_ SS# \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Home School Division: \_\_\_\_\_ Case Manager: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

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Current or recent past agency involvement including name of contact:

Social Services: \_\_\_\_\_

Mental Health: \_\_\_\_\_

Court Service Unit: \_\_\_\_\_

Youth Services: \_\_\_\_\_

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**Please identify target behaviors that require a more restrictive educational placement:**

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**In order to complete the application process, the following items must be completed and attached in order for Oyster Point Academy to consider acceptance. Oyster Point Academy must obtain each item listed below before any student can be accepted and enrolled.**

1. Current IEP
2. Most recent Eligibility minutes
3. Psychological/Sociocultural Data
4. Educational Evaluations
5. Most recent report card, transcript, and current class schedule
6. Completed current Functioning Form (attached)
7. Complete Immunization Record
8. Physical Examination (within three years)
9. SOL/VAAP/VGLA testing data
10. Functional Behavioral Assessment and/or Behavior Intervention Plan
11. Residential/Hospitalization Documentation (discharge summaries, etc.)
12. Psychiatric Evaluation, including Axis I diagnosis

**\*This application for admission is not to be construed as a binding instrument on the part of the student or the school.**

Person completing referral:

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

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

Title: \_\_\_\_\_

School/Agency: \_\_\_\_\_

Reviewed October 2015