

# MIAMI-DADE COUNTY PUBLIC SCHOOLS

## PRIVATE SCHOOL INTAKE OFFICE

### REFERRAL COVER PAGE

<b>LOCATION:</b>	<input type="radio"/> <i>NORTH - CENTRAL</i>	<input type="radio"/> <i>SOUTH - HOMESTEAD</i>
<b>TYPE OF CASE:</b>	<input type="radio"/> <i>INITIAL</i>	<input type="radio"/> <i>RE-EVALUATION</i> <i>CURRENT EXCEPTIONALITY: _____</i>

DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

**TO BE COMPLETED BY THE PARENT/GUARDIAN:**

**Reason for Referral or Concern?** \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

DOB: \_\_\_\_\_ \*MDCPS ID# \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME SCHOOL: \_\_\_\_\_

**\*If never attended MDCPS, a Student ID must be obtained:**

Parent must contact Private School IDEA Obligations Office: 305-274-8889

- Student birth certificate*
- Parent driver's license*
- Recent FPL/Utility Bill, Mortgage/Lease Agreement*

**TO BE COMPLETED BY THE PRIVATE SCHOOL:**

**PRIVATE SCHOOL NAME** \_\_\_\_\_

- ADDRESS: \_\_\_\_\_
- IS THIS PRIVATE SCHOOL NON-FOR-PROFIT? \_\_\_\_\_
- PHONE NUMBER: \_\_\_\_\_
- CONTACT EMAIL: \_\_\_\_\_
- CONTACT PERSON: \_\_\_\_\_
- NAME OF TEACHER: \_\_\_\_\_

**TO BE COMPLETED BY THE PSI OFFICE STAFF:**

**PRIVATE SCHOOL INTAKE (PSI) ASSESSMENT TEAM – CASE TO BE PROCESSED:**

Case Reviewed by: \_\_\_\_\_

Case Complete and Ready for SST or RT: \_\_\_\_\_

Referral Packet Incomplete/Please Specify:

- For Re-evaluations:** RT Teacher Feedback Form with 2 completed and signed observations found on page 2 of the RFA (FM7073), and signed consent for mutual exchange
- For Initial Referrals:** Vision and Hearing Screenings; Completed RFA (FM 7073) with 2 completed and signed observations, RtI Data that addresses area of concern, and signed consent for mutual exchange