

**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> <small>CURRENT EXCEPTIONALITY: _____</small>
Date Received: _____ Received by: _____		

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_  
 DOB: \_\_\_\_\_ MDCPS ID# \_\_\_\_\_

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

Parent's Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

IF NON-MDCPS, to obtain a Student ID you must provide:

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

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

- Address: \_\_\_\_\_
- Is this Private School Non-for-Profit? \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Contact Person: \_\_\_\_\_
- Name of Teacher: \_\_\_\_\_

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

Case Reviewed by: \_\_\_\_\_  
 Case Complete and Ready for SST or RT: \_\_\_\_\_  
 Case Incomplete/Please Specify: \_\_\_\_\_  
 \_\_\_\_\_

**PRIVATE SCHOOL INTAKE COORDINATOR - CASE TO BE SCHEDULED:**

SST or RT Date: \_\_\_\_\_  
 Psychologist/Staff Assigned: \_\_\_\_\_  
 Consent for Evaluation Date: \_\_\_\_\_