

**MIAMI-DADE COUNTY PUBLIC SCHOOLS
PRIVATE SCHOOL INTAKE OFFICE
REFERRAL COVER PAGE**

Reason for Referral or Concern? _____

STUDENT'S NAME: _____ GRADE: _____ DOB: _____

*MDCPS ID# _____

PARENT'S NAME: _____

PHONE NUMBER: _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____

HOME SCHOOL: _____

*If the student has never attended M-DCPS, a Student ID must be obtained in order to start the evaluation process. Please complete the Student ID Information Packet Form and submit the following documents.

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

Please provide the following information for the private school:

PRIVATE SCHOOL NAME _____

ADDRESS: _____

PHONE NUMBER: _____

CONTACT EMAIL: _____

CONTACT PERSON: _____

NAME OF TEACHER: _____

IS THIS SCHOOL A NON-PROFIT? _____

TO BE COMPLETED BY PSI OFFICE STAFF:

TYPE OF CASE: _____ INITIAL _____ RE-EVALUATION - CURRENT EXCEPTIONALITY: _____

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