

# OAK HILL SCHOOL

*"A Small School with Big Expectations"*

39 Charlton Road, Scotia, NY 12302

Telephone 518-399-5048 ext 110

FAX 518-399-6140

E-Mail: [dmitchell@oakhill.org](mailto:dmitchell@oakhill.org)

Website [www.oakhill.org](http://www.oakhill.org)

David Mitchell  
Executive Director

## District Referral Form

### Student:

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

Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Referral : \_\_\_\_\_

District: \_\_\_\_\_

### District Contact

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Parent/Guardian Information:

Parent/Guardian Name: _____	Parent/Guardian Name: _____
Relationship to Student: _____	Relationship to Student: _____
Custodial Parent? Y/N	Custodial Parent? Y/N
Reside with child? _____	Reside with child? _____
Day phone _____	Day phone _____
Evening phone _____	Evening phone _____
Email: _____	Email: _____
Mailing address if different from student: _____ _____	Mailing address if different from student: _____ _____
Receive correspondence? Y/N	Receive correspondence? Y/N

**Reason For Referral**  
**(behavior, attendance, suspensions, health, etc.)**

**Current Placement (Include start date)**

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**Previous Placements (Include start/end dates)**

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**Outside Agency/Provider Involvement**

<b>Agency/Provider</b>	<b>Service</b>	<b>Contact Name</b>

<b>Additional Required Documents</b>	<b>If Applicable</b>
<ul style="list-style-type: none"><li><input type="checkbox"/> Current IEP</li><li><input type="checkbox"/> Psychoed Evaluation (within 3 years)</li><li><input type="checkbox"/> Social History</li><li><input type="checkbox"/> FBA/BIP</li><li><input type="checkbox"/> Most Recent Report Card</li><li><input type="checkbox"/> Achievement testing (within 1 year)</li><li><input type="checkbox"/> Health Record</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Speech/OT/PT Evaluations</li><li><input type="checkbox"/> Psychiatric</li><li><input type="checkbox"/> Neuropsychological</li><li><input type="checkbox"/> Any other outside evaluations</li></ul>

**Has the child been referred to other agencies ? Y/N**

**If yes, indicate where and status of referral:**

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