

The Vista School ® School District Referral

Referral Information

Instructions: Please fill out this document to the best of your ability. Include copies of relevant information where noted.

Areas:

Documentation of diagnosis

- ◇ Most recent *Evaluation Report*,
- ◇ Most recent *IEP Progress Report* with at least two quarters of progress,
- ◇ Child's last two *IEPs, Behavior Plans* and any other relevant information
- ◇ Most recent *Medical Assistance (MA) Re-certification Report* and child's last two *Treatment Plans*
- ◇ Information from outside sources such as *Speech-Language Pathologist (SLP), Occupational Therapist (OT), Psychologist, etc.*
- ◇ Completed *Autism Insurance Act Questionnaire* and copy (front and back) of Child's *Private Insurance Card*

The Vista School [®]

School District Referral Information Form

Date: _____ Student's Name: _____

Date of Birth: _____ Social Security Number: _____

Address: _____ Sex: _____

Student's Medical Assistance Number (10-digit): _____ Race: _____

Please provide a copy of child's Medical Assistance Card at screening

Family Contact Person(s): (1) _____ (2) _____

Relationship: _____ Relationship: _____

Day Phone: _____ Day Phone: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail: _____ E-mail: _____

Fax: _____ Fax: _____

Number of adults in household: _____ Names: _____

Number of children in household: _____ Names: _____

School District: _____ IU: _____

Contact Person: _____

Phone Number: _____ Fax Number: _____

Address: _____

E-mail Address: _____

Clinical diagnosis: _____ Date of diagnosis: _____

Child's age at diagnosis: _____ Performed by: _____

Does the student have a secondary diagnosis and/or other medical conditions? _____

If yes, please list: _____

Is the student currently enrolled in a school/program? _____ If yes...

Name of school/program: _____

School district: _____

Special Education Director: _____

Program Description: _____

The Vista School [®]

Is the student on medication? _____

If yes, list medication, dosage, administration times and what medication is used for.

Name of Medication	Dosage	Administration Times	Used for...

Has the student ever been admitted to a hospital/treatment center for a psychiatric, behavioral or crisis situation? ____

If yes, please explain: _____

Please summarize the hospital/treatment facility's observations and treatment(s): _____

Was this treatment effective? _____ Please explain: _____

Additional comments: _____

Signature _____

(School District Representative)

Completion and submission of the referral form to The Vista School's admissions team begins The Vista School screening process. Further, it provides a forum for parents' and school districts' consideration of Vista as part of a continuum of appropriate placement options. Referrals are non-binding to Vista and school districts. The submission of a referral form does not guarantee acceptance or enrollment into Vista's programs.