



SENECA HIGHLANDS INTERMEDIATE UNIT 9

Autism Team Referral Form (Duplicate as Needed)

Referral Received:
Reviewed:

I. Student: _____ D.O.B.: _____ Grade: _____
 School: _____ Phone: _____ Current Placement: _____
 School Contact: _____
 Referral Person(s): _____/_____/_____

II. Please complete the following:

a) Is this an initial referral? Yes ____ No ____

If no - Previous referral date:

b) Does this student have an Autism Spectrum Disorder diagnosis (i.e. Autism, Asperger, PDD-NOS)?

No ____ Yes ____ (Please attach report)
 Date of Diagnosis: ____/____/____

By whom: _____

Facility: _____

c) Does this student have a current ER/IEP? No ____ Yes ____ (Please attach)

d) Does this student have a current Chapter 15/504 Plan? No ____ Yes ____ (Please attach)

e) Please check services student needs:

O.T. V.I. Assistive Tech. P.T. H.I. Speech
 Behavior Support Other: _____

III. a) Briefly summarize the student's past history of educational services and any assessments that have been completed.

b) Briefly describe the reason for referral to the Autism Team. _____

c) Briefly describe what strategies have been tried and their success. _____



d) Does this child receive Mental Health Services? No ____ Yes ____ (check those that apply)
 __ Wrap Around - Agency: _____
 __ Mobile Therapist __ TSS __ BSC
 __ Family-Based
 __ Case Management Worker Name: _____



IV. Parent Permission:

I have reviewed the information presented on my child regarding the referral to the Seneca Highlands IU9 Autism Team:

____ I give my consent to begin the referral process to the Seneca Highlands IU9 Autism Team.

____ I give my permission to exchange verbal and written information including all records and reports to the Seneca Highlands IU9 Autism Team for the following agencies:

- Agency/Organization: _____
- Agency/Organization: _____
- Agency/Organization: _____
- Agency/Organization: _____

 Parent Signature

 Date



Please send completed Referral Form to:

Ashley Olson -TaC
 aolson@iu9.org
 Seneca Highlands Intermediate Unit Nine
 119 Mechanic Street
 Smethport, PA 16749