

REFERRAL FOR EVALUATION

Students Name _____ School Year _____
Date of Birth _____ Program _____
District _____ Case Manager _____

Students Current Placement:

Program _____
Teacher _____
Location _____

Parent / Guardian Information:

Name _____
Address : _____
Phone: _____

EVALUATION REQUESTED:

- _____ ASSISTIVE TECHNOLOGY
¹ (AT Assessment Packets required)
- _____ Audiological Evaluation (check one)
 Pure Tone CAP (Central Auditory)
- _____ Vision Functional Vision
² (Eye Report required)
- _____ Occupational Therapy
- _____ OTHER: _____
- _____ Orientation and Mobility
- _____ Physical Therapy
- _____ Sensory Integration
- _____ Speech Therapy

EVALUATION RATIONALE: _____

Please check one, sign and date: _____ BOCES approved to conduct evaluation. (Please provide Parent / Guardian Consent)
_____ District will conduct evaluation and forward results

Date: _____ CSE/CPSE Signature: _____

Normal evaluation turnaround time is 30 school days from the receipt of both the Evaluation request and Parent / Guardian Consent .

If the CSE/CPSE needs a written report by a specified date, please indicate the date: _____.

Please return this form to:

WSWHE BOCES
Supervisor Special Programs
OASES Building, Myers Campus
15 Henning Rd., Saratoga Springs, NY 12866
Ph: (518) 581-3605 FAX: (518) 581-3844

¹ Assistive Technology Assessment Packet; Assistive Technology Family Pre-Assessment Packet and Parent / Guardian Consent

² Eye Report: Information available from an ophthalmologist or optometrist regarding medical diagnosis, care, prognosis, and health of the visual system.

The Washington-Saratoga-Warren-Hamilton-Essex BOCES does not discriminate in its programs and activities, including employment and admission as applicable, on the basis of actual or perceived race, color, creed, sex, sexual orientation, national origin, religion, age, economic status, marital status, veterans' status, political affiliation, domestic victim status, use of a guide dog, hearing dog or service dog, disability, or other classifications protected under federal or state law, and provides equal access to the Boy Scouts and other designated youth groups. The designated district compliance officers will coordinate compliance with the nondiscrimination requirements of Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, as amended, the Boy Scouts of America Equal Access Act, and the New York State Human Rights Law.

The BOCES Compliance Officers are Turina Parker, Executive Director for Educational and Support Programs and Ronald Black, Chief Financial Officer. Washington-Saratoga-Warren-Hamilton-Essex BOCES, 1153 Burgoyne Avenue, Suite 2. Fort Edward, NY 12828. Phone: (518)746-3310. Email: tuparker@wswebooces.org or rblack@wswebooces.org. Complaints may also be filed with the Office for Civil Rights, New York Office, U.S. Department of Education, 32 Old Slip, 26th Floor, New York, NY 10005- 2500, phone (646) 428-3800, fax (646) 428-3843, email: OCR.NewYork@ed.gov