

Commonwealth of Massachusetts Chapter 688 Student Referral Form

Directions

- 1) Mail the original referral form with a copy of the current IEP, the TPF (Transition Planning Form, 28M/9), and the most recent assessment to one human service agency (see list below).
- 2) If you don't know which agency to select, or more than one agency seems appropriate send items in #1 (above) to the BTP.

Student Information: SASID#: _____ Date Completed: _____ DOB: 10/25/2012 Gender: M F
Name: IEP Blank Language Spoken: _____
(first) (last)
SSN#: _____ Receives SSI/SSDI: Yes No Unknown Level of Need: high moderate low
Disability Category: Primary: Does not apply Secondary: _____
(optional)
Parent/Guardian Name: Student's Parent/Guardian #1 Legal Guardian: Yes No Language Spoken: _____
Address: _____ Phone: _____

School District/Program Information:

Is this student expected to graduate before age 22? Yes, expected date: _____ No, expected date of SpEd termination: _____
School District (LEA): Nashoba Regional School District LEA Address: 50 Mechanic Street, Bolton, MA 01740
LEA Contact Person: _____ Phone: _____ Name of High School: _____
Type of Placement: _____ List All Funding Agencies: _____
School/Education Placement: Florence Sawyer School Address: 100 Mechanic Street Bolton, MA 01740

Signature of Special Education Director/Designee: _____ Date _____ Phone: _____

Referral Submission: Send to **ONLY ONE** of the following:

- | | |
|--|---|
| <input type="checkbox"/> Department of Children & Families (DCF) | <input type="checkbox"/> Department of Developmental Services (DDS) |
| <input type="checkbox"/> Department of Mental Health (DMH) | <input type="checkbox"/> MA Commission for the Deaf and Hard of Hearing (MCDHH) |
| <input type="checkbox"/> MA Rehabilitation Commission (MRC) | <input type="checkbox"/> MA Commission for the Blind (MCB) |

If you don't know which agency, or more than one seems appropriate send to:
 The Bureau of Transitional Planning at One Ashburton Place, Room 1109; Boston, MA 02108

I hereby authorize the release of all personal information contained in this student's records, including medical and educational evaluations, to the Bureau of Transitional Planning at EOHS and to any member agencies for the purpose of eligibility determination and transition planning. I also authorize the release of any other personal information concerning this student that is required during the transitional planning process by any state agency to any other state agency.

Signature of Student (18 or over) or Parent/Guardian: _____ **Date** _____