



BOCES Southern Westchester

THE BOARD OF COOPERATIVE EDUCATIONAL SERVICES

CENTER FOR SPECIAL SERVICES
Tappan Hill School
50 Ichabod Lane, Tarrytown, New York 10591
(914) 366-2560 • fax (914) 366-2568

Intensive Day Treatment Program Referral Form

Child's Name:	Sex: M F	D.O.B.	Date of Referral:
Child's Address:		Phone Number:	
Parent # 1 Name:		Cell #: Work #:	
Parent # 2 Name:		Cell #: Work #:	
Emergency Contact:		Emergency Contact Phone #:	
Are Parents legal guardians Yes ___ No ___		If no, please list guardian here: _____	
Language spoken at home:		Ethnicity:	
Referring School District:		School Liaison Name and Title:	
School Liaison E-mail:		Liaison Number and Extension:	
Child's Current School:		Grade #:	
District Transportation Carrier:		Bus #:	Liaison Fax #
Medical / Health Alert: Y	Special Ed: Y N	Classification:	
Specify:			
Does child have an FBA/BIP	Y N	If yes, Please submit a copy with the referral form	
Current Medications:			
Recent Hospitalizations:		Contact Information:	
1. Details of behavior resulting in referral to IDT. (Reason for recommending, duration, onset)			
2. How was child functioning in the last six months: Be specific both academically and behaviorally.			
3. Current grades: Math _____ SS _____ Science _____ English _____			
4. Describe previous attempts at problem resolution. Check those that apply. *Attach relevant paperwork			
_____ Parent Meetings _____ Superintendent Mtg. _____ Past Hospitalizations (specify) _____ Referrals* _____ In School Counseling _____ Suspensions _____ Out of school Counseling _____ Other (specify)			

____ Behavioral Plans*

5. Describe family cooperation/involvement. (Kept appointments, followed recommendations, etc.)

6. Suspicion of neglect or physical, sexual, or substance abuse? Y N

CPS involvement? Y ___ N ___ If yes, please provide name and contact information for the CPS worker

7. Current counseling. (School and Mental Health)

In school contact name, number and email:

Community based contact name and number:

Therapist:

Psychiatrist:

Case Manager:

8. Describe desired behavior for return to school (Discharge Criteria).

9. Tentative transition and academic plan upon discharge from IDT: