BOCES Southern Westchester

THE BOARD OF COOPERATIVE EDUCATIONAL SERVICES

CENTER FOR SPECIAL SERVICES
Rye Lake Campus
1606 Old Orchard Street, White Plains, NY 10601
phone (914) 328-0120 • fax (914) 328-6954
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Intensive Day Treatment
Program Referral Form

This form is fillable; Email submission is preferred.

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 Specify:	Special Ed: ☐ Y ☐ N	Classification:	
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 ☐ Referrals* ☐ Superintendent Mtg. ☐ In School Counseling ☐ Past Hospitalizations ☐ 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:

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

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