



REGIONAL EDUCATIONAL SERVICE AGENCY

499 Range Road, PO Box 1500
Marysville, MI 48040
(810) 364-8990 | (810) 364-7474 Fax
www.sccresa.org

Intervention Specialist Referral

Student's Name: _____

Date of Birth: _____

Sex: M or F

Parent Name(s): _____

Student's School and Address: _____

School Contact (name and phone number): _____

Mental Health Involvement (if yes, please provide name and contact number):

Yes or No

Juvenile Court Involvement (if yes, please provide name and contact number):

Yes or No

Foster Care or DHS Involvement (if yes, please provide name and contact number):

Yes or No

Reason for Referral (please be as specific as possible): _____

Modifications/Adaptations Previously Implemented to Assist Student: _____

Social Work/Therapeutic Interventions Implemented to Assist Student:

Student Strengths and Areas of Achievement (list as many as possible):_____

*** Please include the following information (if available):**

- **Most recent psychological evaluation** Yes or Unavailable
- **Most recent IEP** Yes or Unavailable
- **Behavior Intervention Plan** Yes or Unavailable
- **Functional Assessments** Yes or Unavailable
- **Previous assessment's and intervention plans** Yes or Unavailable
- **Other relevant assessments (PT, OT, Speech/language)** Yes or Unavailable
- **Student's daily schedule** Yes or Unavailable

Additional Information:

Signatures (Required For Referral):

Principal from Referring School

Special Education Director