



CHILED A REFERRAL CHECKLIST-Internal

Student's name	DOB:

CHILED A REFERRAL CHECKLIST		
<p>The following items are required to process a student's referral and enrollment into Chile da's program. Please email information to Terryk@chileda.org. You may also fax (608-782-6481) or mail attention Admissions.</p>		
		Date Received
<input type="checkbox"/>	Current I.E.P.	
<input type="checkbox"/>	Current three year evaluation from home school district	
<input type="checkbox"/>	Most recent psychological evaluation, psychometric testing and behavioral assessment with most recent medication list.	
<input type="checkbox"/>	History and Physical with a description of medical concerns and special health care requirements (i.e. seizures, asthma, allergies, diabetes) Recent physical within last 12 months	
<input type="checkbox"/>	Most recent behavioral health note (i.e. psychiatric records, discharge summaries from most recent behavioral or health related hospitalizations)	
<input type="checkbox"/>	Referral Application	
<input type="checkbox"/>	Referral Questionnaire	

Signature: _____

Date completed: _____