

**Special Education Office  
49 Broad Street  
Plattsburgh, New York 12901  
563-6262**

**SUBMISSION PROCESS:** Individual completing this form must forward to the building administrator for signature and review.

Individual making referral: \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

Placement Recommendation: \_\_\_\_\_

Signature of building administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of building administrator: \_\_\_\_\_ Date: \_\_\_\_\_

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**Please write clearly**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Current grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

P.O. Box Number, and Street Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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**Please write clearly**

**Parents/Guardians Demographic Section**

Please circle: Parent/Guardian/Foster Parent/Other:

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address if different from student's \_\_\_\_\_

Additional Parents/Guardian: \_\_\_\_\_

Address if different: \_\_\_\_\_

**Parent/Guardian Notification Section**

Describe the extent of parental contact or involvement prior to making this referral: The parent/guardian must be notified of this referral and its nature prior to submission.

Date: \_\_\_\_\_ Description of contact \_\_\_\_\_

\_\_\_\_\_

List individual who made this contact: \_\_\_\_\_

Date: \_\_\_\_\_ Description of contact \_\_\_\_\_

\_\_\_\_\_

List individual who made this contact: \_\_\_\_\_

**Building to Building communication**

Date: \_\_\_\_\_ Description of contact \_\_\_\_\_

\_\_\_\_\_

List individual who made this contact: \_\_\_\_\_

Date: \_\_\_\_\_ Description of contact \_\_\_\_\_

\_\_\_\_\_

List individual who made this contact: \_\_\_\_\_

I have observed problems that interfere with his/her educational progress in the following area(s): Check all that apply. (all data will be needed to share at co-building level meetings)

\_\_\_\_\_ Academic performance, low or failing grades

\_\_\_\_\_ Behavior and/or discipline – FBA and BIPs included

\_\_\_\_\_ Speech, articulation

\_\_\_\_\_ Language

\_\_\_\_\_ Medical

\_\_\_\_\_ Other, specify

Signature of Director of Special Education: \_\_\_\_\_ Date: \_\_\_\_\_

### ***Program Protocol for Out of Building Placement***

When considering a student for a program/service that is not within the home building, the following steps are needed:

- Student discussed at CST for alternate options following review of data (benchmarking and progress monitoring academics/behaviors) – submission process portion is completed on referral.
- Building principals discuss options
- Parents are notified of possible options
- Principals arrange for team meetings, observations...
- Paperwork processed and sent to Special Education Office
- CSE meeting scheduled