



# Foundations Upper Valley

An SD Associates special education school, 147 Main Street, Windsor, VT 05089  
Program Phone: 802-674-4428 Fax: 802-674-4439 Website: [www.sdplus.org/where](http://www.sdplus.org/where)

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## Referral for Services Form (For school district LEA)

Instructions: Please return form to [jessica.speckert@sdplus.org](mailto:jessica.speckert@sdplus.org) and rename with student initials and date. Example: XY 3.30.2022. Include any additional documents as attachments.

### Type of Service Desired:

- Placement at Foundations Upper Valley
- Consult to public-school program
- Full-service program in public school setting (including Behavioral Instructor/s and Behavior Analyst)
- Other (please describe)

### Referring Party Information:

Referring District

Referring School

Primary Contact Name/Position

Primary Contact Phone

Primary Contact Mailing Address

Primary Contact Email

### Student/Family Information:

Student name

Student DOB

Student Grade Select

IEP Disability Category

Primary Diagnosis

Secondary Diagnosis

Current Placement Status (check all that apply):

- Student does not currently have a program
- Student is currently in a public-school placement
- Student is currently in an alternative day school
- Student is currently in a residential educational placement
- Student is currently in an emergency psychiatric placement
- Student is currently awaiting residential placement
- Student is currently awaiting emergency psychiatric placement
- Other (please describe):

Parent/Guardian Name(s)

Parent/Guardian Mailing Address

Parent/Guardian Phone

Parent/Guardian Email

DCF/DCYF involvement: Select

**Attachments to application / check all that apply:**

- Consent to share information with Foundations / S<sup>D</sup> Associates (required with this application)
- Current IEP
- Most recent progress report(s)
- Most recent 3-year evaluation
- Other evaluations / internal
- Other evaluations / external
- Incident reports
- Behavioral data
- Behavior support plan
- Other document(s) (please describe)

Priority Level/Preferred Timeline Select

Please provide any additional information you think may be relevant to this referral:

**For internal use only**

Intake notes: