



Bi-County Collaborative
Making It Possible

Bi-County Collaborative Referral Form - For School District Use Only

Submit completed form AND required student referral information as explained below.

Referral Date: _____

Student Name: _____ Grade/Age: _____

District: _____ District Contact Information: _____

Parent/Guardian Name and Contact Information: _____

Is this referral for a Placement _____ or 45 Day/Extended Evaluation: _____

Required Referral Information

Reason for Referral (What is the presenting question and/or concern related to this student's referral?)

Required Information (Check & include all that apply with the referral)

- Current IEP _____
- Most recent evaluations _____
 - ❖ Psychological _____
 - ❖ OT _____
 - ❖ PT _____
 - ❖ Speech _____
 - ❖ Vision _____
 - ❖ Educational _____
- Medical Information _____
 - ❖ Current Physical _____
 - ❖ Immunization Record _____
- FBA _____
- Discipline Records _____
- ELL Information _____ (If checked please submit the home language)

IAES Referral

What assessments are being requested?

1. _____
2. _____
3. _____
4. _____
5. _____

For additional information or any questions regarding this referral, please contact Julie O'Connor, Director of Student Services at joconnor@bicounty.org