

Psych Referrals:
ATTACH
PTE / PTRE



SERVICES, RESOURCES, AND RESEARCH FOR EDUCATION

Student PA ID#: _____

REFERRAL FOR PUPIL SERVICES

Student's Full Name:		DOB:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
District/Charter:		School:	Grade:	
Student Ethnicity (check <u>ONLY</u> one): American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/>				
DISTRICT/SCHOOL INFORMATION				
District Contact/Title:		Email:		
Ph#:				
HOME/PARENT INFORMATION				
Parent/Guardian 1		Parent/Guardian 2		Same Address?
First/Last Name:		First/Last Name:		Y <input type="checkbox"/> N <input type="checkbox"/>
Address:		Address:		
City:	Zip:	City:	Zip:	
Primary Phone #:		Primary Phone #:		
Email:		Email:		

Service Requested (check one): Psychological Testing Social Worker Services Counseling/Therapy Risk Assessment

****For Psychologist Referrals Only - Please Complete Information below:**

Date Permission Received*: _____ **60th Calendar Day*:** _____

Full Multi-Disciplinary Evaluation Gifted Evaluation Other → *Please Specify:*

Does the student have an IEP? Yes No Need report submitted to IEP Writer? Yes No

District completes observation? Yes No Disparity preference? Yes → *Method:* _____ No

Please check if district distributes any of the following: Teacher Input Parent Input Rating Scales

*****Please attach a copy of the signed Permission to Evaluate/Reevaluate*****

****For Social Worker Referrals Only - Please Complete Information below:**

Reason for Referral (check all that apply): Assess and Refer Attendance Contact w/ Parent
Home Visit Investigate Resources Other: → *Please Specify:*

NOTE: Special circumstances the psychologist/social worker should be aware of regarding this referral:

[Click here to enter text.](#)

DISTRICT LIAISON/SUPERVISOR SIGNATURE

The LEA's signature authorizes the AIU to conduct the evaluation. If this form is emailed by the LEA/designee, the email will be considered as authorization to proceed. This referral also attests that written permission has been obtained by the parents to proceed with the evaluation and is on file at the district.

Scan form to: pupil.personnel@aiu3.net **or** 412-394-4978 (fax) **Questions?** 412-394-5782 (p)

Staff Member Request

District may request a specific staff member by indicating their preference on this line. The AIU will attempt to assign that staff member, if available.
AIU Staff Member: _____