

Psych Referrals:  
**ATTACH**  
**PTE / PTRE**



Student PA ID#: \_\_\_\_\_

**REFERRAL FOR PUPIL SERVICES**

<b>Student's Full Name:</b>	<b>DOB:</b>	<b>Gender: M <input type="checkbox"/> F <input type="checkbox"/></b>
<b>District/Charter:</b>	<b>School:</b>	<b>Grade:</b>
<b>Student Ethnicity</b> (check <b>ONLY</b> 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	
<b>District Contact/Title:</b>	<b>Email:</b>
<b>Ph#:</b>	

HOME/PARENT INFORMATION		
Parent/Guardian 1	Parent/Guardian 2	Same Address?
<b>First/Last Name:</b>	<b>First/Last Name:</b>	Y <input type="checkbox"/> N <input type="checkbox"/>
<b>Address:</b>	<b>Address:</b>	
<b>City: Zip:</b>	<b>City: Zip:</b>	
<b>Primary Phone #:</b>	<b>Primary Phone #:</b>	
<b>Email:</b>	<b>Email:</b>	

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

**\*\*For Psychologist Referrals Only - Please Complete Information below:**  
**Date Permission Received\*:** \_\_\_\_\_ **60<sup>th</sup> 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:** \_\_\_\_\_