



BOCES Southern Westchester

THE BOARD OF COOPERATIVE EDUCATIONAL SERVICES

CENTER FOR SPECIAL SERVICES

Rye Lake Campus

1606 Old Orchard Street, White Plains, NY 10601

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Intensive Day Treatment Program Referral Form

Student's Name:	Sex: M F	D.O.B.:	Date of Referral:
Student's Address:	Phone Number:		
Parent # 1 Name:	Cell #: Work #:		
Parent # 2 Name:	Cell #: Work #:		
Emergency Contact:	Emergency Contact Phone #:		
Are parents legal guardians? Yes No	If no, please list guardian here:		
Language Spoken at Home:	Ethnicity:		
Referring School District:	School Liaison Name and Title:		
School Liaison E-mail:	Liaison Number and Extension:		
Student's Current School:	Grade #:		
District Transportation Carrier:	Bus #:	Liaison Fax #:	
Medical/Health Alert: Specify:	IEP/504: Y N	Classification:	
Does student have an FBA/BIP:	Y N	If yes, please submit a copy with the referral form.	
Current Medications:			
Recent Hospitalizations:	Y N	Contact Information:	
1. Details of behavior resulting in referral to IDT. (Reason for recommending, duration, onset)			
2. How was student functioning in the last six months. (Be specific both academically and behaviorally)			
3. Current grades: Math _____ SS _____ Science _____ English _____			
4. Describe previous attempts at problem resolution. Check those that apply. *Attach relevant paperwork.			
_____ Parent Meetings	_____ Superintendent Mtg.	_____ Referrals*	
_____ Past Hospitalizations (specify)*	_____ In School Counseling	_____ Suspensions	
_____ Out of school Counseling	_____ Behavioral Plans*	_____ Other(specify)	

5. Describe family cooperation/involvement. (kept appointments, followed recommendations, etc.)		
6. Suspicion of neglect or physical, sexual, or substance abuse? Y N		
CPS involvement? Y N If yes, please provide name and contact information for the CPS worker		
7. Current counseling information: (school and mental health)		
In school contact name:		
Email:		
Phone:		
Community based contact name and number:		
Therapist:		
Psychiatrist:		
Case Manager:		
8. Describe desired behavior for return to school. (discharge criteria)		
9. Tentative transition and academic plan upon discharge from IDT:		