

PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES

In accordance with the request by the Committee on Preschool Special Education, a referral for evaluation and/or a recommendation for services as noted below will be provided as specified in the Individualized Education Program (IEP) designed by the Committee. (Check one or both as required.) ☐ **Evaluation** ☐ **Services**

Student Name _____ **DOB** _____

District ARLINGTON CENTRAL SCHOOL DISTRICT **County** DUTCHESS

Agency _____
(Name of Agency, Center-based Program or Individual Provider / Phone)

(Check One)

Reason for Rx: ☐ **Annual Review Meeting** ☐ **Change in Service** ☐ **Transfer Meeting** ☐ **Re-Eval Meeting** ☐ **New Referral**

(REQUIRED) Term of Service: School Year _____ TO _____ (Frequency, Duration & Class Ratio as per the IEP)			
(Please type in the last two digits of the school year. Format YYYY.)			
Evaluation/Service	(Required) ICD CODE for EVALUATION(S)	(REQUIRED) ICD CODE for SERVICE(S) *	Medical Diagnosis/Purpose of Treatment
Audiological			
Occupational Therapy			
Physical Therapy			
Speech			
Psychological/Psychological Counseling			
Skilled Nursing (Requires a Physician's Order)			

The most specific ICD code is required for each evaluation/service.

Medicaid requires that a written referral be in place prior to the initiation of evaluations/services.

** An order/referral for services must be completed for each IEP period.*

A new order/referral must be completed whenever reviews conducted during an IEP period results in a change in service (i.e., frequency/duration/class size).

Signature _____ **Date Signed** _____
(Original Signature Required – Stamps Not Permitted) (Required)

Print Name _____ **Title** _____

Address & Phone (REQUIRED) - (Stamp Accepted)	(REQUIRED) License # _____
	(REQUIRED) NPI # _____
	Medicaid # _____
	Fax # _____

(Signature of NYS licensed and registered physician, a physician or a licensed nurse practitioner acting within the scope of practice (for psychological counseling services this also includes an appropriate school official and for speech therapy services, a speech-language pathologist who has seen the child.)