



Wesley Schools Referral Form

Date of Referral:

Program of Interest: Acute Approved Private School Private Education 30 Day Assessment

45 Day Placement Kindergarten/School Readiness Program (Monroeville/ Upper St. Clair) Bridge ESY

Child/Adolescent Information	
Name:	Date of Birth: Age:
Social Security Number:	City and State of Birth: *if not Pa- mo./year moved to Pa:
Race(optional):	Sex: Past Admission to a Wesley Spectrum Program? Y or N
Current Address:	
Legal Involvement: Y or N	CYF Involvement: Y or N

Parent/Caregiver Information	
Parent/Caregiver name (s):	
Home phone:	Cell phone:
E-mail address:	Emergency Contact(s):
Who has Legal custody of Child?	Are there Custody Documents? Y or N

School Information	
Current School: School District:	School Contact: Pa Secure ID #:
Grade: Date of IEP: Date of ER/RR:	Special Ed: Yes If Yes: Primary Disability Category: ED

Referral Source	
Name:	Agency:
Phone Number/Fax Number:	Family in agreement with Referral? Y or N

Insurance Information	
Primary Insurance:	Secondary Insurance:
Policy# or MA#:	Policy# or MA#:

Reason for Referral & School District Expectations for Return
Expected Length of Stay:

Current Medical Information
<i>Current Medications:</i>
<i>Note any Allergies or Medical Conditions:</i>

****Please fax completed referral from to Wesley School's Intake Department at (412) 347-3188****