

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/yr moved to PA: _____

Race (optional): _____ Sex: M F

Past Admission to WFS Program: Y N

Current Address: _____

Legal Involvement: Y N

CYF Involvement: Y N

Parent/Caregiver Information

Primary Caregiver Name(s): _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Emergency Contact(s): _____

Who Has Legal Custody of Child? _____ Are There Custody Documents? Y N

School Information

Current School: _____ School Contact: _____

School District: _____ PA Secure ID#: _____

Grade: _____ Special Ed: Y N If Yes, Primary Disability Category: _____

Date of IEP: _____ Date of ER/RR: _____

Referral Source

Name: _____ Agency: _____

Phone/Fax Number: _____ Family in Agreement with Referral? Y 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

Current Medications: _____

Note any Allergies or Medical Conditions: _____

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