



CENTRA

Autism & Developmental Services

Referral Packet/ Application for Rivermont Autism Program

Student's Name: _____ Social Security Number: _____

Guardian(s)/Parent(s): _____

Address: _____

Telephone: _____ Home School Division: _____

Case Manager: _____ Disability/ Disabilities: _____

Age: _____ Date of Birth: _____ Grade: _____

Current or recent past agency involvement including name of contact:

Social Services: _____

Mental Health: _____

Court Service Unit: _____

Youth Services: _____

Please identify target behaviors that require a more restrictive educational placement:

1. _____

2. _____

3. _____



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In order to complete the application process, the following items **must be completed and attached** in order for Rivermont School to consider acceptance. Rivermont School **must** obtain each item listed below before any student can be accepted and enrolled.

1. Current IEP
2. Most recent Eligibility Minutes
3. Psychological Assessment
4. Sociocultural Data
5. Educational Evaluations/ Occupational Therapy/ Speech Testing
6. Most recent report card, transcript and current class schedule
7. Complete Immunization record
8. Physical Examination
9. VAAP/SOL Testing Data
10. Functional Behavior Assessment and/or Behavior Intervention Plan
11. Residential/Hospitalization Documentation (discharge summaries, etc)
12. Psychiatric Evaluation

***This application for admission is not to be construed as a binding instrument on the part of the student or the school

Person completing referral:

Name: _____ Date: _____

Title: _____

School/Agency: _____