



278 East Allen Street, Winooski, VT 05404

802-423-0111

www.millschoolvt.org

The Mill School Tutoring Referral Form

Date: _____

Student: _____ Preferred Name: _____

Preferred Pronoun: _____ DOB: _____

School District: _____ Grade: _____

Special Education Director: _____ Phone: _____ Email: _____

School District Contact: _____ Phone: _____ Email: _____

Student's Mailing Address: _____

Phone Number: _____ E-mail address: _____

Child is in custody of: Mother Father Both Other: _____

Parent/Guardian Name: _____ Parent Step-Parent Guardian
First Last

Mailing Address & Phone (if different from above) _____

Parent/Guardian Name: _____ Parent Step-Parent Guardian
First Last

Mailing Address & Phone (if different from above) _____

Other Guardian's Name: _____ Relationship: _____
First Last

Mailing Address & Phone (if different from above) _____

Mill School Referral Packet

Student: _____

Is there legal documentation preventing access of records to either parent? Yes No

If yes, please explain and provide documentation:

Is there anyone the student is not allowed to have contact with? Yes No

If yes, please explain and provide any documentation:

Has there been an IEP Team Meeting prior to this referral? Yes No

If yes, proceed with a referral. If not, please complete the meeting prior to referring to The Mill School.

IEP Date: _____

Student's IEP Classification: _____

Have parents/guardians been informed about this referral? Yes No

Who will attend the initial meeting with the Mill School? _____

Who should be contacted to participate in meetings: _____

Current Program: _____

REASON FOR REFERRAL:

Why are you referring the student? _____

Student: _____

Attendance History

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Discipline History

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Required State Assessment Results

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Other Important Information

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History of Grades

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Mill School Referral Packet

Student: _____

EVALUATION REPORTS (please attach)

- Standardized Intelligence Tests (attach most recent report of findings)
- Academic Achievement Assessment (attach most recent report findings)
- Speech/language Evaluation (attach most recent report of findings)
- Psych Eval
- Occupational Therapy Evaluation (attach most recent report of findings)
- Other Evaluations (attach most recent reports of findings)

SCHOOL REPORTS AND PLANS

- Copy of current IEP or 504 plan
- Copy of most recent FBA
- Copy of current Behavior

Intervention Plan (BIP), if applicable

Student _____

PLEASE CIRCLE THE WORDS THAT YOU BELIEVE BEST DESCRIBE THE STUDENT

Bright	Self-Disciplined	Shy	Assertive	Participates	Creative	Articulate
Immature	Social	Passive	Organized	Funny	Disobedient	Tests Boundaries
Easily Frustrated	Distracting	Distractible	Negative	Irritable	Dependent	Gives up
Sits out	Courteous	Withdrawn	Leader	Intense	Motivated	Unmotivated
Musical	Confident	Hurtful	Popular	Restless	Calm	Physical
Gifted	Imaginative	Supportive	Independent	Agreeable	Loner	Stubborn
Responsible	Caring	Impulsive	Sad	Curious	Perfectionist	Honest
Helpful	Anxious	Careless	Resilient	Follower	Irresponsible	Energetic
Disorganized	Dishonest	Happy	Over-Protected	Inattentive	Introverted	Athletic

Student _____

PLEASE ATTACH THE FOLLOWING TO THIS REFERRAL PACKET:

1. Most current IEP
2. Most current transcript (For H.S)
3. Most current assessment of proficiencies or statement of credits earned
4. All educational assessments, including:
 - School Psychology reports
 - Results of formal academic assessments
 - SLP assessments
 - OT assessments
 - Social Work History
5. All available assessments community clinicians and services
 - Mental Health/Medical assessments
 - Immunization records
 - Community counseling reports and assessments
 - Criminal history and probation assessments
 - Available family history

SEND THE COMPLETED REFERRAL FORM AND ADDITIONAL MATERIALS VIA EMAIL

TO: tfeeney@millschoolvt.org

Date of Referral: _____