



CSSU Career and Transition Services REFERRAL

Summer 20__

Student Information:

Name: _____

Street: _____

Town: _____ Zip: _____

Date of Birth: ___ / ___ / ___ Grade Next Year: _____

Parent / Guardians Names: _____

Home Phone: _____ Work Phone: _____

Parent e-mail: _____

Services Information... Check box for YES

- Previous Community Skills Participant? If yes, when? _____
 - Receiving Special Ed. Services? Eligibility: _____
 - Community-based vocational program required in current IEP? _____
 - School District Summer Tutoring or Academic Program? _____
 - Transportation Supports in Summer IEP? _____
- Other summer services? Describe:

Please check boxes to indicate focus of our IEP services:

- Work Experience or Job Training
- Vocational or Transition Assessment
- Community Independence Activities
- Social Connections and Skills
- Recreational or Wellness Activities
- Post-secondary links

Other: _____

How will progress be evaluated? _____

Extended School Year Determination

- Serious Need
- Regression/Recoupment
- Window of Opportunity

Case Management Information

When is an IEP meeting scheduled to discuss ESY services?

Date: _____ Time: _____

Location: _____

CSP Staff Attending: PLM SCO

Are there scheduling restrictions or requirements? Example: camps, vacations, other services.

Name of person making referral:

Phone: _____

**PLEASE ATTACH THE SECTION
OF THE IEP WITH COMMUNITY
OR VOCATIONAL GOALS**