

## Referral for Admission

*Benhaven Academy does not discriminate based on gender, race, religion or national origin.*

Referral Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary diagnosis: \_\_\_\_\_

Reason for Referral:

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Current School: \_\_\_\_\_ District: \_\_\_\_\_

District Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parents / Legal Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cognitive and Academic profile from last triennial evaluation:

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Behaviors of concern:

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Please describe any additional information you would like us to know about the student (school, home, community). \_\_\_\_\_

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