

Referral Form

Please complete and *fax* or *mail* to:

Southern Worcester County Educational Collaborative (S.W.C.E.C.)

P.O. Box 517 Southbridge, MA 01550

Attn: Dr. Melissa Manzi, DPT

Phone: 508-764-8500

Fax: 508-764-2724

Please check requested Assessment/Service(s):

- | | |
|--|--|
| <input type="checkbox"/> Adaptive PE | <input type="checkbox"/> Orientation and Mobility |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Vision (Functional Vision Assessment) |
| <input type="checkbox"/> Teacher of the Deaf | <input type="checkbox"/> Vocational and Life Skills Evaluation |
| <input type="checkbox"/> Learning Media Assessment | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Music Therapy | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Psycho-Educational |

Please Print Clearly:

Today's date: ____/____/____

District; _____

Referred by: _____

Contact Number: _____ Email: _____

Reason for Referral: _____



Southern Worcester County Educational Collaborative

Post Office Box 517

Southbridge, Massachusetts 01550

Tel. (508) 764-8500 ~ Fax. (508) 764-2724

Visit us at: www.swcec.org

Administrative Offices

Dudley, MA 01571

Adaptive Physical Education Referral Form

Student's Full Name:

Student's Date of Birth: ____/____/____ Sex: M F Student's Age:

Years: ____ Months: ____ Grade: ____ School:

Parent/Guardian: _____ Phone

#: _____

Teacher: _____ Teacher email:

Date Parent/Guardian permission was obtained: ____/____/____

Consultation/Assessment approved by:

(SIGNATURE OF AUTHORIZED SPECIAL EDUCATION

REPRESENTATIVE)

***Please submit the following forms/documentation with the Referral Form. These forms are required BEFORE an assessment can be conducted;**



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Adaptive Physical Education:

- _____ Current Individual Education Plan (IEP)
- _____ Name, Time and Day of regular **PE** class if applicable
- _____ Short summary of reasons for student being assessed for APE
- _____ Copy of signed Parent/ Legal Guardian Consent form
- _____ List of other services student receives (if applicable)
