Handprints Academy

Where kids thrive

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REFERRAL APPLICATION

We appreciate your interest in Handprints Academy. After filling out this referral form, please send it to **referrals@handprintsacademy.org** along with any helpful documents — recent assessments, evaluation reports, discharge summaries, the student's current IEP, and any family/service plans.

Our team will review the materials and contact you within one business day!

REFERRAL SOURCE CONTACT INFORMATION	
Date of Referral:	Referring District:
Referral Coordinator Name:	Is the family aware of referral? ☐ Yes ☐ No
Referral Coordinator Contact Info:	

STUDENT INFORMATION					
Name:		Preferred Name:			
Date of Birth:		Gender:			
Primary Language Spoken:		Current Grade:			
Current School Placement					
Current IEP?	☐ Yes ☐ No	Active Safety or Crisis Plan:	☐ Yes ☐ No		
Current Related Services:	☐ ABA ☐ Speech	☐ OT	☐ PT	☐ Mental Health	
Mode(s) of Communication:					
Primary Guardian Name:					
Guardian Contact Info:					

PROGRAM COMPATIBILITY CHECKLIST Please mark the option that best describes the student.			
A. Behavioral History	**Yes**	**No**	**Unsure**
Documented history of trauma or adverse experiences	☐	☐	☐
Requires ongoing safety monitoring or crisis intervention protocols	☐	☐	☐
History of restraint use	☐	☐	☐
Physical aggression toward peers or adults	☐	☐	☐
Verbal aggression toward peers or adults	☐	☐	☐
Property destruction	☐	☐	☐
Self-injurious behavior	☐	☐	☐
Displays sexualized or boundary-violating behaviors	☐	☐	☐
Elopement	☐	☐	☐
PICA	☐	☐	☐
Psychosis	☐	☐	☐
Suicidal/Homicidal ideation	☐	☐	☐
Depression	☐	☐	☐
Anxiety	☐	☐	☐
Other:			
B. Regulation & Communication	**Yes**	**No**	**Unsure**
Has a functional communication system (speech, AAC, PECS, etc.)	☐	☐	☐
Responds to visual schedules or predictable routines	☐	☐	☐
Tolerates transitions with minimal distress	☐	☐	☐
Can participate in small-group instruction with support	☐	☐	☐
Can follow one- to two-step directions	☐	☐	☐

C. Medical & Safety Considerations	Yes	No	Unsure
Has active seizure or medical emergency plan	☐	☐	☐
Requires nursing support during the school day	☐	☐	☐
Has dietary or feeding considerations	☐	☐	☐
Requires specialized mobility, toileting, or adaptive equipment	☐	☐	☐
Needs full or partial assistance with self-care	☐	☐	☐
D. Placement Context	**Yes**	**No**	**Unsure**
Student's needs exceed what can be supported in public-school setting at this time	☐	☐	☐
Currently placed in a self-contained or day-treatment program	☐	☐	☐
Recently discharged from residential or inpatient setting	☐	☐	☐
Guardian supports specialized placement	☐	☐	☐
District or family can provide transportation	☐	☐	☐
Attendance concerns currently being addressed	☐	☐	☐

RATIONALE FOR REFERRAL

Attachments Included:

- ☐ Current IEP
- ☐ Most recent evaluation summary or eligibility determination
- ☐ Behavior intervention plan
- ☐ Recent progress reports or summaries