



Administrative Offices
Psychological Services Business Office
Education Center Sewickley
WISCA
Training and Consultation
301 Camp Meeting Road
Sewickley, PA 15143
(412) 741-1800

Friendship Academy
255 South Negley Avenue
Pittsburgh, PA 15206
(412) 365-3800

LEAP Preschool
WISCA
200 Linden Avenue
Sharpsburg, PA 15215
(412) 781-1708

Education Center South
WISCA
230 Hickory Grade Road
Bridgeville, PA 15017
(412) 914-8800

Hello District Partners,

We have updated our referral process. Please complete the attached student referral form and email all required documents to Meagan Trimbur at Meagant@thewatsoninstitute.org.

Any questions, please feel free to contact Meagan at 412-749-2805.

Our referral process is the following:

1. WISCA receives the completed referral form and all necessary paperwork.
2. WISCA team reviews the referral/information.
3. An observation is scheduled to meet/observe the student to assess if we have an appropriate classroom/placement.
4. Schedule a tour of WISCA for the family/district.
5. Schedule an Intake IEP if the team is in agreement regarding placement.

We look forward to working with you.



WISCA Referral Form

Please complete referral form and required documents below and email to:

Meagant@thewatsoninstitute.org

Thank you for understanding that only a complete referral will be accepted and processed.

Required Documents:

- o Current IEP, PBSP, FBA
- o Recent IEP Revisions
- o Please provide documentation for behavior incidents
- o Current Evaluation/Reevaluation Report
- o Medical Information, seizures, etc.
- o Current psychiatric information, if applicable (ex. discharge summary, psychiatric evaluations etc.)
- o Outside related services reports (if applicable and available)

Reason for Referral: _____

Student Referral Information

Name: _____

DOB: _____

Age: _____ Grade: _____ Sex: _____

PA Secure ID number: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Parent(s)/Guardian(s): _____

Education Decision-maker (if not parent) :

Medical Decision-maker (if not parent):

Custody Agreement: YES or NO

Does the parent/guardian participate in IEP and other meetings at school? _____

Legal Involvement: ____Y ____ N

CYF Involvement: ____Y ____ N

Current Level of Support (Life-skills, Autistic Support, etc.): _____

Primary/Secondary Disability Category(s): (*Autism, OHI, ADHD, Anxiety, etc.*): _____

Referral Contact Information

Current School: _____

Referring School District: _____

LEA Name and contact information: _____

Transportation Needs:

How is the student transported (Minivan, Minibus, etc.) _____

Is there any specialized equipment for the student (harness, booster, etc.)? _____

Does the student need an aide, 1:1, nurse while being transported? _____

Mental Health Information

(Check yes or no and explain all behaviors that are present)

Physical Aggression ____Y ____ N

Explain: _____

Verbal Aggression (including threats) ____Y ____ N

Explain: _____

Property Destruction ____Y ____ N

Explain: _____

Elopement from building/classroom ____Y ____ N

Explain: _____

Inappropriate sexual behaviors ____Y ____ N

Explain: _____

Disrobing and/or urination/defecation in inappropriate places ____Y ____ N

Explain: _____

Self-injurious behaviors or suicidal ideation/attempts ____Y ____ N

Explain: _____

Other unsafe or disruptive behaviors ____Y ____ N

Explain: _____

History of Suspensions: ____Y ____ N

Explain: _____

List current/previous mental health treatment the student has received or has been referred to (ex. SAP, outpatient, school-based therapy, hospitalizations, acute partial, RTF etc.) _____

If there is no current mental health treatment, what are the barriers to mental health treatment for this student and family? _____

List Current Medications: _____

Is the student compliant with medications (if applicable) ? ____Y ____ N

If no, please explain: _____

Medical Conditions/Allergies? ____Y ____ N

If yes, please explain: _____

I attest that the information provided is complete and accurate.

Signature of Person completing this form

TITLE

DATE