Watson INSTITUTE

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 IU and 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. Watson receives the completed referral form and all necessary paperwork.
2. Watson 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 Watson for the family/district.
5. Schedule an Intake IEP if the team is in agreement regarding placement.

We look forward to working with you.

Watson Institute
Education Center Sewickley/South 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 Current Evaluation/Reevaluation Report
- o Medical Information, seizures, trach, nursing, etc
- o Current psychiatric information, if applicable (ex. discharge summary, psychiatric evaluations etc.)
- o Outside related services

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, CP, Multiple Disabilities, etc.):* _____

_____

Referral Contact Information
Current School: _____
Referring School District: _____

LEA Name and contact information: _____

Transportation Needs:
How is the student transported (Minivan, Minibus, Wheelchair van/Bus, etc.) _____

_____

Is there any specialized equipment for the student (harness, wheelchair, 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