

C.O.O.R. Intermediate School District

11051 North Cut Road  
P.O. Box 827  
Roscommon, Michigan 48653-0827

Phone: (989) 275-9555  
Fax : (989) 275-5881

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## Considerations for Placement Referral Form

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender:      M      F

Parent Name(s): \_\_\_\_\_

Student's School and Address:

School Contact (name and phone number) \_\_\_\_\_

Mental Health Involvement (if yes, please provide name and contact number):      Yes      No

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

DHHS Involvement (if yes, please provide name and contact number):      Yes      No

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Referral (please be as specific as possible):

Student Strengths and Areas of Achievement (list as many as possible):

Modifications/Adaptations Previously Implemented to Assist Student:

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Social Work/Therapeutic Interventions Implemented to Assist Student:

\* Please include the following information (if available):

- Student's daily Schedule  Yes  Unavailable
- Behavior Data collection  Yes  Unavailable
- Previous screeners and treatment plans  Yes  Unavailable
- Most recent psychological evaluation  Yes  Unavailable
- Most recent IEP  Yes  Unavailable
- Functional Behavioral Assessment  Yes  Unavailable
- Behavior Support Plan  Yes  Unavailable
- Other assessments (Early-On, PT, OT, Speech/Language)  Yes  Unavailable

Additional information

Signatures (required for referral)

\_\_\_\_\_  
LEA district designee

\_\_\_\_\_  
COOR ISD district designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date