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:
185 Southbridge Rd.
Dudley, MA 01571

SWCEC Student Referral Form

Student Name: _____

DOB: _____ Age: _____ Grade: _____

Sex: M F District: _____ School: _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Address: _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Address: _____

District Contact Person for Referral:

Name:_____ Email: _____ Phone: _____

Programmatic District: _____ Fiscal District: _____

Referral for:
___ The Grow School
___ Rise Academy
___ Career Development Program
___ Specialized Developmental ~ Autism
___ Specialized Developmental ~ Medically Fragile

Preferred Start Date (If accepted):_____
Special Remarks: _____

_____
District Special Education Administrator Signature Date

Referral Process:

LEA may inquire with Program Director/Principal via telephone to ensure space available in the grade of the referral.

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SWCEC Referral Process

LEA must submit a Tier 1 Referral Packet complete with release of information signed by parent. Note that if wait list applies, written packet secures spot on wait list.

**If referral is for an assessment spot, Tier 1 packet must include Assessment Program Selection Checklist.*

SWCEC will confirm tentative acceptance in writing and, with permission of LEA, contact family to offer parent tour and student interview.

Upon completion of said tour and interview, SWCEC will notify the sending LEA in writing (and via telephone) of acceptance or deferral/denial (and reason).

If TEAM determines SWCEC program is appropriate, Tier 2 Referral Packet must be received prior to first day of school.

**If referral is for an assessment spot, Tier 2 packet must include signed Extended Evaluation &/or IAES Placement Page*

Packet Contents:

Tier 1 Items:
Release of Information (signed by parent)
Current IEP
Current Psycho-Educational Assessment Report
Last 3-year Evaluation Reports
Behavior Plan
Discipline record & letters (if applicable)
Urgent relevant medical information
Report Card

Tier 2 Items:
Immunization/Health record
IHCP
Transcripts
MCAS/PARCC Scores
Home Language Survey

*Please note that all Tier 1 items must be included with referral packet

*Please note that, upon acceptance and prior to start date, all Tier 2 items must be provided