



Extended Family Programs, Inc.

10565 Lincoln Highway, Everett, Pa. 15537
(814) 623-1770 phone * (814) 623-1715 Fax

REFERRAL FORM
BEHAVIORAL INTERVENTION STAFF (BIS)

Child's Name: _____ DOB: / / M / F Date of Referral: / / EFA Staff _____

Child's ID # _____ Age: _____ Grade _____ District _____ School _____ Access Y/N

School Concerns _____

Medical Concerns _____

Family Concerns _____

Parent's / Guardian Name: _____ Phone: H/C _____

Parent's Address: _____

Parent's / Guardian Name: _____ Phone: H/C _____

Parent's Address: _____

Emergency Contact/ number _____

School Referral Contact Person _____ Contact Phone _____ School Phone: _____

Contact E-mail _____ School request for **BIS Days per week:** ___ **BIS Hours per day** ___

BIS Start Date / / Parent contacted regarding request for BIS Y/N Meeting Scheduled Y/N

Copies of the following information (if applicable) MUST be submitted before consideration for enrollment:

_____ IEP _____ Most recent Eval/ER

Other Agencies involved with student and family (List name and contact person)

1. _____
2. _____
3. _____

Other pertinent Information

List expected district goals and what district would like the BIS to accomplish

1. _____
2. _____
3. _____

Additional Comments: _____

Referring District Signature date

Authorized EFP Signature date

First Day: _____

Last Day: _____