

# Referral Form

Please complete and *fax* or *mail* to:

Southern Worcester County Educational Collaborative (S.W.C.E.C.)

P.O. Box 517 Southbridge, MA 01550

Attn: Dr. Melissa Manzi, DPT

Phone: 508-764-8500

Fax: 508-764-2724

## Please check requested Assessment/Service(s):

- |  |  |
|--|--|
| <input type="checkbox"/> Adaptive PE               | <input type="checkbox"/> Orientation and Mobility              |
| <input type="checkbox"/> Assistive Technology      | <input type="checkbox"/> Vision (Functional Vision Assessment) |
| <input type="checkbox"/> Teacher of the Deaf       | <input type="checkbox"/> Vocational and Life Skills Evaluation |
| <input type="checkbox"/> Learning Media Assessment | <input type="checkbox"/> Speech Language Pathologist           |
| <input type="checkbox"/> Music Therapy             | <input type="checkbox"/> Occupational Therapy                  |
| <input type="checkbox"/> Physical Therapy          | <input type="checkbox"/> Psycho-Educational                    |

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### Please Print Clearly:

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

District; \_\_\_\_\_

Referred by: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

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# 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](http://www.swcec.org)

Administrative Offices

Dudley, MA 01571

## Adaptive Physical Education Referral Form

Student's Full Name:

\_\_\_\_\_

Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F Student's Age:

Years: \_\_\_\_ Months: \_\_\_\_ Grade: \_\_\_\_ School:

\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone

#: \_\_\_\_\_

Teacher: \_\_\_\_\_ Teacher email:

\_\_\_\_\_

Date Parent/Guardian permission was obtained: \_\_\_\_/\_\_\_\_/\_\_\_\_

Consultation/Assessment approved by:

\_\_\_\_\_

*(SIGNATURE OF AUTHORIZED SPECIAL EDUCATION REPRESENTATIVE)*

**\*Please submit the following forms/documentation with the Referral Form. These forms are required BEFORE an assessment can be conducted;**



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## Adaptive Physical Education:

- \_\_\_\_\_ Current Individual Education Plan (IEP)
  - \_\_\_\_\_ Name, Time and Day of regular **PE** class if applicable
  - \_\_\_\_\_ Short summary of reasons for student being assessed for APE
  - \_\_\_\_\_ Copy of signed Parent/ Legal Guardian Consent form
  - \_\_\_\_\_ List of other services student receives (if applicable)
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