COMMONWEALTH OF MASSACHUSETTS CHAPTER 688 REFERRAL FORM

Directions

1) Mail the original referral form with a copy of the current IEP, the TPF (Transition Planning Form, 28M/9), and the most recent assessments to one human service agency (see list below).
2) If you don't know which agency to select or more than one agency seems appropriate send items in #1 (above) to the BTP.

STUDENT INFORMATION SASID#: _____ Date Completed: ___/___/___ DOB: ___/___/___ Sex: ☐M ☐F

Name: _____ Language Spoken: _____
(first) (last)

SSN: ___–___–___ Receives SSI/SSDI? ☐Yes ☐No ☐Unknown

Disability Category: Primary _____ Secondary _____ Level of Need: ☐high ☐moderate ☐low
(optional)

Parent/Guardian Name _____ Legal Guardian? ☐Yes ☐No Language Spoken: _____

Address: _____ Phone: (___) ___–___

SCHOOL DISTRICT/PROGRAM INFORMATION Is this student expected to graduate before age 22?
☐Yes, expected date: ___/___/___ ☐No, expected date of SpEd termination: ___/___/___

School District (LEA): _____ LEA Address: _____

LEA Contact Person: _____ Phone: (___) ___–___ Name of High School: _____

Type of Placement: _____ List All Funding Agencies: _____

School/Educational Placement: _____ Address: _____

Signature of Special Education Director/Designee _____ *Date:* _____ *Phone:* (___) ___–___

REFERRAL SUBMISSION: Send to ***ONLY ONE*** of the following:

☐ Department of Children & Families (DCF)
☐ Department of Developmental Services (DDS)
☐ Department of Mental Health (DMH)
☐ MA Commission for the Deaf & Hard of Hearing (MCDHH)
☐ MA Rehabilitation Commission (MRC)
☐ MA Commission for the Blind (MCB)

If you don't know which agency, or more than one agency seems appropriate, please send to:
☐ The Bureau of Transitional Planning at One Ashburton Place, Room 1109; Boston, MA 02108

I hereby authorize the release of all personal information contained in this student's records, including medical and educational evaluations, to the Bureau of Transitional Planning at EOHHS and to any member agencies for the purpose of eligibility determination and transition planning. I also authorize the release of any other personal information concerning this student that is required during the transitional planning process by any state agency to any other state agency.

Signature of Student (18 or over) or Parent/Guardian _____ **Date** _____