

Referral Letter/Checklist

Last name	First name	MI	SS# (Last four digits only)	
			Home Phone	
Address			Best daytime phone	
City, State, Zip Code			Email*	
			Birthdate (mm/dd/yyyy)	
Sex			Marital Status	
Male Female			Single Married Divorced Widowed	
Ethnicity			School	
Asian Black Hispanic				
White Multiracial Other			Coordinator	
Class Standing:	Institutional admissions review	Accepted for admission	Learning support	Freshman
	Sophomore	Junior	Senior	Graduate student
	On suspension	On exclusion	Other	
Reason for Referral (to be completed by Disability Services Represented):				
Regents level accommodation requested: Yes No				
*Since the confidentiality of email communication cannot be assured, we will not provide any personally sensitive information to you via email, and recommend that you observe the same procedure.				

Checklist

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|---|---|
| \$250 deposit | BAARS Other Report Current Symptoms |
| Referral Letter Checklist | BAARS Other Report Childhood Symptoms |
| Release of Information/Consent for Evaluation | Sample of Unassisted Writing |
| Case History | Sample of Best Writing |
| Transcripts | Hearing Acuity Screening |
| Past evaluations/pertinent medical records | Cancellation Policy |
| No previous evaluations | Special Accommodations needed for evaluation? |
| Records not available. Explain: | Specify: |

I have enclosed \$250 to secure my first appointment, and agree to make the final payment (\$250.00) at the time of or before my first appointment. I understand that if I cancel my appointment with less than five business days notice, my deposit is nonrefundable. (Total cost of services = \$500.00)

Signature

Date (mm/dd/yyyy)