



Multidisciplinary Diagnostic and Training Program (MDTP)
Evaluation•Instruction•Consultation•Research

1699 SW 16th Avenue
Gainesville, FL 32608-1158
352-294-8248
352-627-4507 Fax

SCHOOL/DISTRICT REFERRAL FORM
Please fax completed form (352) 627-4507

Today's Date: \_\_\_\_\_

Referring School/District Information

Person Completing This Form (Name & Title): \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel. No(s): ( ) \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_ ; ( ) \_\_\_\_\_ - \_\_\_\_\_

Fax No: ( ) \_\_\_\_\_ - \_\_\_\_\_

Student Information (\*Required, Please Provide)

\*Last Name: \_\_\_\_\_ \* First Name: \_\_\_\_\_ Gender: M / F

\*DOB: \_\_\_/\_\_\_/\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

\*Parent/Legal Guardian's Name: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_ \*City: \_\_\_\_\_ State: \_\_\_ \*Zip: \_\_\_\_\_

\*Phone No: Home ( ) \_\_\_\_\_ - \_\_\_\_\_ Work ( ) \_\_\_\_\_ - \_\_\_\_\_ Mobile ( ) \_\_\_\_\_ - \_\_\_\_\_

\* [Please verify that the contact information provided above for the family is current and correct.]

Concerns Prompting Referral/Consultation Request

Please check any/all that apply
\_\_\_ poor academic progress/grade retention \_\_\_ behavioral problems impacting academic progress/school
\_\_\_ learning difficulties unresponsive to educational interventions \_\_\_ functioning/peer interactions
\_\_\_ chronic/other health condition impacting school functioning/participation \_\_\_ language/learning problems associated with poor academic progress/socioemotional problems
\_\_\_ other (please describe): \_\_\_\_\_

Does the student have a Progress Monitoring Plan (PMP)/Academic Improvement Plan (AIP)? Circle one: No Yes

Does student have an Individual Educational Plan (IEP)? Circle one: No Yes

Does the student have a Section 504 Accommodation Plan? Circle one: No Yes

Does the student receive speech, language, occupational, or physical therapy? Circle one: No Yes

Prior evaluations (please check any/all that apply): ( )Speech ( )Language ( )Psychoeducational/Psychological ( )FDLRS Child Find ( )Neuropsychological ( )Other: \_\_\_\_\_

Current therapies (please check any/all that apply): ( )Speech/Language ( )Occupational/Physical Therapy ( ) Psychological/Mental Health ( )Family Therapy ( )Other: \_\_\_\_\_

Primary Care Doctor: \_\_\_\_\_ Insurance Provider: \_\_\_\_\_

Thank you. Please call (352) 294-8248 with any questions.