



Maplehill

SCHOOL AND FARM

P.O. Box 248 Plainfield, VT 05667
Phone: (802) 454-7747

Enrollment Coordinator, Pamela Mallett: (802) 397-2512
Executive Director, Joe Astick: (802) 279-4918

REFERRAL FORM

Student Name:		Referral Date:	
Date of Birth:	Age:	Current Living Situation, i.e., lives at home, foster care, group home, homeless, etc.)	
Gender Identity:	Grade Level:		
Emergency Contact Information:			
DCF Custody/Guardianship? yes no If yes, name and contact info of DCF Case Manager/Guardian:		Case Manager Name:	
		Sending School District:	
Primary Diagnosis in IEP:		Has this student had a 1:1 support person?	
Explanation for referral (check all that apply):			
Truancy		Alternative Learning Style	
Discipline Issues		Credit Deficiency	
Juvenile Justice Involvement		Other:	



Does this student have a history of aggressive behavior?

Does this student have a history of physical restraints?

If yes, please explain:

Are there any known safety concerns for this student? (emotional, medical, physical, allergies)

If yes, please explain:

Student Strengths:

Student Interests:

Please attach: Academic Transcripts Psycho/Educational Evaluation Evaluation Plan and Report
IEP Academic Work Samples

Does this student qualify for free/reduced lunch?

Is there anything else about this student that you would like to share with us?



For Maplehill School office only:

Scheduled Initial Tour and Intake Interview:

Scheduled Student Visit Day:

(attach notes from interview: