



South East SELPA
Making a Difference

School Based Program Referral

3434 Marten Ave., San Jose, CA 95148

Phone: (408) 223-3777 Email: hhuynh@mpesd.org Fax: (408) 532-9311

Referral Date: _____ IEP Team Contact Person: _____
(Name/Contact Info)

Student Name: _____ Birthdate: ____/____/____

District: _____ School: _____

Grade: _____ Parent/Guardian: _____

Primary/Secondary Eligibility (if applicable): _____

Phone (Home/Work): _____

Additional information: (e.g., medication, recent trauma, hospitalizations, clinical diagnosis, etc.):

Attachments:

- Current IEP
- Behavior Intervention Plan (if applicable)
- Psychoeducational Assessment
- Release of information
- Other supporting documentation: _____

Director/Designee (Print/Sign): _____ / _____ Date: _____

**Please send complete referral packet to Helen Huynh (Email: hhuynh@mpesd.org or Fax: (408) 532-9311)*

SELPA Use Only

Date Received: _____

Observation Dates: _____

IEP Meeting Dates: _____

Notes: _____

