CONNECTIONS AT BERKSHIRE HEIGHTS

Referral Form 2026-2027

Referral Date:	PA Secure ID #:
Student Name:	Student Date of Birth:
Student Grade (26-27 SY):	Does student have an IEP?:
Student's Home District:	If yes, special education eligibility?:
Parent/Guardian Name (1):	Parent/Guardian Name(2):
Phone Number (1):	Phone Number (2):
Email (1):	Email (2):
Student Home Address:	

DISTRICT INFORMATION

District Contact:	Phone:	Email:

Academic Profile (Please complete charts below)

Math Instructional Level: _____ Reading Instructional Level: _____

Current Course Schedule	**Standardized Testing Needs**	
Please list courses student should take at TLC:	Please list any state or school wide assessments required for the student	
	(Add scores for exams taken prior to referral)	
	Exam	***Score/Date***

Please include the following documentation to complete the referral process (CHECK AND ATTACH ALL THAT APPLY):

IEP		ER/RR		Current report card/grades	
Discipline records		Attendance records		Health/Immunization	
Standardized testing results		Free/reduced lunch status		Signed release of records	
FBA/PBSP					

Tour preference (Please check which method you would prefer for TLC to set up the tour?):

☐ TLC coordinates with the district	☐ TLC schedules with the family

Completed referral packets (form and documentation) should be submitted to

bhreferrals@thelincolncenter.com