



CAIU Central Referral Procedures

Referral Instructions for School-Age Services:

This document is intended to provide you with the most current forms needed to initiate *evaluations*, *services*, or *placements* available through the Capital Area Intermediate Unit. All referral requests should be forwarded to the Central Referral Secretary at CAIUReferrals@caiu.org or faxed to 717-732-8425.

The SCHOOL-AGE REFERRAL REQUEST FORM is the key document in this packet. This form lists the *services*, *evaluations*, and *placements* available as well as the necessary documentation required to accompany the Referral Request. The packet also contains specific forms generated by the CAIU that are noted on the Referral Request form as being required. Other documents may also be necessary, but may be school district forms (ER, IEP, etc.) or generated from other sources (medical reports, etc.).

GENERAL REMINDERS:

- ❖ Please complete the Referral Request Form and other forms as completely as possible.
- ❖ Please be sure the Authorizing Signature has been completed on the form.
- ❖ Submit all required documentation with the completed Referral Request Form.

REFERRAL CONSIDERATIONS

Students may be referred for services through the CAIU based on information that has been generated at the district level or, in some cases, privately. In the latter case, **all** relevant materials **must accompany** the Referral Request. Missing documents may impact the timelines for referral consideration.

FINAL DOCUMENTATION

Final documentation for requested related services, support to school personnel or placement is required prior to the start of service. Required documents not received may impact the start date for services.

[School Age Student Service Referral](#)

[School Age Non-Student Service Referral](#)

The following links direct you to documents that are required when requesting the specific services listed.

CLASS PLACEMENT SERVICES:

Penn State Hershey Project SEARCH

[PSH Project SEARCH Application](#)

NON-CLASS PLACEMENT SERVICES:

Psychiatric Services:

The following document describes the referral process for Psychiatric and/or Licensed Clinical Psychological Evaluations: [Psychiatric Services Referral Process](#)

[Parent Consent for Medical Evaluation](#)

Vision Services:

[Parent Questionnaire for Functional Vision Evaluation](#)

SERVICES FOR PRIVATE SCHOOL CHILDREN WITH DISABILITIES UNDER THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (*formerly known at Equitable Participation*):

[Equitable Participation](#)