

Innovative Programs  
NCOC, PO Box 382  
Jump Brook Rd  
Grand Gorge, NY 12434  
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**ONC BOCES  
Therapeutic Learning Center (TLC)  
Referral Form**

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**District:** \_\_\_\_\_ **Age:** \_\_\_\_\_

1. What program (i.e., residential, district program, etc.) is the student coming from?
  
2. Describe the reason(s) for referring this student to the TLC:
  
3. Describe the behaviors which led to this referral:
  
4. How long have these behaviors been demonstrated?
  
5. How have these behaviors affected participation in the student's current program?
  
6. What interventions have been tried prior to this referral?
  
7. What outcomes are expected from the TLC program (please list):
  
8. Has there been a significant change in the student's emotional status (i.e. noticeable change in thinking/mood) creating an inability to:
  - participate in home school program?.....Yes \_\_\_ No \_\_\_  
*Please explain:*

- engage staff?..... Yes \_\_\_ No \_\_\_  
*Please explain:*

- interact with peers?..... Yes \_\_\_ No \_\_\_  
*Please explain:*

Other concerns:

**Person making referral:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**School District:** \_\_\_\_\_ **Date of referral:** \_\_\_\_\_

Update: 9/17/10

<p>No student shall, on the basis of gender, race, color, national origin, disability, age, creed, religion, marital status, sexual orientation, or other legally protected status be excluded from participation in, be denied benefits of, or otherwise be subject to unlawful discrimination under any BOCES program or activity.</p>
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