

**Student Referral Form
AHSEP (GED) PROGRAM**

OCM BOCES Thompson Road Location

Email: ebehan@ocmboces.org or Fax 315-431-8445 this form to Emily Behan

Date: _____

Home District: _____ Guidance Counselor/Number: _____

Student Legal Name: _____ AHSEP Section Preference: **AM/PM**

Another Name student is known by: _____

Student Address: _____
Street City Zip Code

Gender: Male Female Non-Binary Age: _____ DOB: ____/____/____

Social Security #: _____ - _____ - _____ Student e-mail address: _____

Government Issued Form of ID: (**All students must have--NY State requirement to test; cannot use school ID)

Driver License Learner Permit Non-Driver ID None Other: _____

Primary Contact: _____
Relationship to student: _____
Home #: _____
Cell #: _____
Work #: _____
Email: _____

Secondary Contact: _____
Relationship to student: _____
Home #: _____
Cell #: _____
Work #: _____
Email: _____

*****To Be Completed by Guidance Counselor*****

★ Graduating Class: _____ Age: _____ # Credits: _____ # of completed years 9-12: _____

**** Does this student require a Variance (Form B) to be in the AHSEP? YES/NO**

(Please attach copy of completed form and approval letter once received to the AHSEP (GED) Program)

★ **Regents Exams Passed: (Please send Attachment-R to NY State Education Department)**
 Math Science Social Studies English/ELA None

★ **Main Reason for choosing to get a GED:** _____

★ **Copy of most recent report card and transcript.**

★ **Does this student have an IEP/504? YES/NO** ★ **Does this student have an FBA/BIP? YES/NO**
If yes, please attach a copy of IEP/504, FBA/BIP, and the most recent psychological evaluation to assist in the process of applying for testing accommodations for the GED.

Schedule a CSE for change in program. Goals, diploma type, services etc. should reflect the student's placement in the AHSEP (GED) Program.

★ **Special Education History (Please include previous placement):** _____

★ **Is there any previous GED or TASC experience? Yes/No** If yes, approximate dates: _____

★ **Is the student on Probation? If so, who is the Probation Officer?** _____

★ **Is the student presently working part time? If so, where and when?** _____

★ **Is the student receiving mental health services? If so, where?** _____

★ **Is the student interested in a Career Tech program at BOCES?** _____

★ **Any Other Pertinent information about this student?** _____

Checklist:

(All Students)

- Completed AHSEP Referral
- Variance (Form B)
- Regents Form
- Copy of AHSEP Approval Letter from NYSED
- Copy of report card
- Copy of transcript

(Students with IEP/504)

- Copy of IEP/504
- Copy of most recent psychological evaluation
- Copy of FBA/BIP