

Student Referral Form  
AHSEP (GED) PROGRAM

OCM BOCES Thompson Road Campus Location  
Email: [ebehan@ocmboces.org](mailto: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: \_\_\_\_\_ Secondary Contact: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home #: \_\_\_\_\_ Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*Please Note - NYSED regulations for entrance into the AHSEP GED Program require that students score minimally, at a 9th grade level on the TABE Math and Reading pre-tests that are administered to applicants at the intake meeting.\*\***

\*\*\*\*\*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