



0. SEVA Referral Form

<https://tinyurl.com/SEVA-Referral-Form>

Use this form to refer a family for a SEVA match. Complete a new form for each student/child in the family.

Name of person making referral *

Enter your name below.

Referral Source *

DRNJ ELC SCHS* SPAN DCP&P OTHER

***SCHS - Family Resource Specialist (FRS)**

Special Child referrals require the name of your unit's FRS who can provide status updates.

Primary Issue as brief as possible *

Please indicate the primary issue family needs assistance with.

MDC number If not SPAN staff indicate N/A *

Parent/Guardian First & Last Name *

Parent/Guardian Email Address *

Parent/Guardian Phone Number *

Enter best number to reach the family and the best time to call, if available.

Address

City, State, Zipcode

County *

Primary Language Spoken by Family

If other than English.

Child's First Name

Child's Last Name

Student's Age *

Student's Diagnosis & IEP Classification *

Outcome Desired *

Include 1 sentence stating the outcome parent is seeking.

IEP Meeting Date if no date indicate N/A *

Brief Background/History *

Include any information that will be helpful for the SEVA such as CMO involvement, Mobile crisis etc.

Additional Information

Indicate below if any of the following apply:

Grandparent | Parent w/Disability | CW Involvement | JJ Involvement | Underserved Community | Military Connected | Low Performing School District | Limited English Proficiency | Other Special Circumstances

Notes or comments from the SEVA if applicable

File Attachments

Upload related documents below. ie: SPAN Consent Form or documents shared by family.

Drag and drop files here or [browse files](#)

Send me a copy of my responses