



# PECT REFERRAL FORM

## FY 26



School Name :

Date of Referral:

Student Name:

Home Address:

Date of Birth:

Age:

Grad/Exit Year:

\*Social Security Number:

Primary Disability (On IEP):

OR

Does your student have a 504 Plan?

Secondary Disability (On IEP):

Yes

Student's Phone & Email:

Parent's Phone & Email:

Is this student working for paid employment?

Yes

No



If yes, where:

### Information for Schools:

Please include the following documents with this referral form:

- Release of Information (with parent's signature)
- Consent for Services (with parent's signature)
- TMCSEA Transition staff will check Embrace for the required IEP Documents. Please ensure there is a current IEP, Psych, and Social Development Study on Embrace. If not, please include it with the referral.
- Please indicate any other relevant information on the line below (Medical, Speech, OT, PT, Behavior, etc.)

\*Social Security Numbers are required by the State of Illinois for the PECT Program.