



5180 Campbells Run Road
 Pittsburgh, PA 15205-9731
www.thebradleycenter.org



THE BRADLEY SCHOOL REFERRAL FORM

Date of Referral: _____

STUDENT'S INFORMATION

Student's Name:			
Student's Date of Birth:		Age:	
Grade Level:		Educational Diagnosis:	
Legal Involvement:	CYF Involvement:		

PARENT/GUARDIAN'S INFORMATION

Name:	Email Address:
Relationship to the student:	Phone Number:
Address:	
Who is the primary caregiver?	
Who has legal custody of the child?	
Who is the educational decision maker?	

SCHOOL INFORMATION

Current School:		Current District:	
School Representative:			

CLASSROOM PLACEMENT (Please circle one)

Special Education	Transitions	45 day placement
Life Skills		Autism

REASON FOR REFERRAL

SCHOOL DISTRICT EXPECTATIONS FOR RETURN



The Bradley Center is an equal opportunity employer and provider
 Established in 1905 • Incorporated in 1972 as The Bradley Center
 Providing Comprehensive, Caring, and Therapeutic Services to Children, Youth and Families

