

The Margaret Murphy Centers for Children

www.margaretmurphycenters.org

John F. Murphy Homes

800 Center St. Auburn, ME 04210 Phone: (207) 782-2726

REQUEST FOR CONSIDERATION OF PLACEMENT PACKET

MMCC Locations:

27 Charles St. Auburn, ME 04210 Phone: (207) 786-7708 Fax: 1-8(833)839-2862

24 Falcon Dr. Auburn, ME 04210 Phone: (207) 333-3382

1520 Hotel Rd. Auburn, ME 04210 Phone: (207) 376-3022 Fax: (844) 836-8951

1371 Minot Ave. Auburn, ME 04210 Phone: (207) 330-4877 Fax: 1-(888)965-8961

415 Rodman Rd. Auburn, ME 04210 Phone: (207) 376-3022 Fax: (844) 836-8951

655 Main St. Lewiston, ME 04240 Phone: (207) 376-3311 Fax: 1-(833) 341-1424

5 Memorial Ave. Lewiston, ME 04240 Phone: (207) 344-0900 Fax: (833) 381-0952

17 School St. Randolph, ME 04346 Phone: (207) 588-2699 Fax: (833) 836-4894

60 Industrial Park Rd. Saco, ME 04072 Phone: (207) 494-7304 Fax: (844) 689-9674 When the IEP Team is considering The Margaret Murphy Centers for Children to be a potential placement for a student, we request that you fill out the attached referral form as thoroughly as possible. This form should be submitted along with the <u>Consent to Disclose or Obtain Confidential Information Form</u> and all documents listed below. Referrals to the Saco program should be sent to Site Director at 60 Industrial Park Road, Saco, ME 04072, while referrals for any program in the Lewiston Auburn area should be sent to the MMCC Director-REFERRALS at 415 Rodman Road, Auburn, ME 04210.

A referral is considered complete and ready for review when all of the following documents have been submitted:

	Letter from special education administrator indicating intent to refer
	Completed "Request for Consideration of Placement" form
	Signed form for "Consent to Disclose or Obtain Confidential Information"
	Current IEP
	Written notice from most recent IEP meeting
	Most recent psychological evaluation
	Most recent formal educational evaluation
	Informal Assessment Results (e.g. AIMSweb, other CBMs, reading & math assessments, etc.)
	Prior Functional Behavior Assessments, if available
	Incident & Discipline Reports or Summary
	Recent Grades
	Transcripts (high school students)
	Any standardized test scores not included in the IEP

Once a completed packet has been received, it will be reviewed by the MMCC admissions team within a week, and an observation will be scheduled in the student's current school setting. Upon completion of the observation the admissions team will reconvene to finalize the potential enrollment, and an intake meeting will be scheduled with parents or guardian. The specific plan for the student's transition to MMCC, and the timeline for that transition, will be determined collaboratively with officials from the sending school.





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REQUEST FOR CONSIDERATION OF PLACEMENT

Date of Referral:					
Person Making Referral (Name & Positi	ion):				
STUDENT INFORMATION					
Student Name:	Date of Birth:	Age:			
School Administrative Unit:		Grade:			
	Student ID#:				
Current School:	School Address:				
	nt teacher, special ed. teacher, case mar	nager, etc.):			
Name:	Phone: Email:				
RESIDENCE & GUARDIAN INFORMATION					
1. Parent/Guardian Name:	2. Parent/Guardian Name):			
Relationship:	Relationship:				
Address:	Address:				
Home Phone:	Home Phone:				
Cell Phone:	Cell Phone:				
Work Phone:	Work Phone:				
Email:	Email:				
This student currently lives:					
☐ with both	ı parents				
☐ with mot	her				
☐ with fath	er				
☐ with other	☐ with other family member (name & relationship)				
☐ with foster parent					
☐ in group	home (provide address):				
REFERRAL INFORMATION					
IEP Eligibility Category:	Date of Referral IEP M				
Reasons for Referral (Why is current pl	acement no longer appropriate to meet t	this student's needs?):			





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REFERRAL INFORMATION (continued)		
Date of most recent Functional Behavior Assessment:		
Does this student currently have a behavior support plan? Yes \square No \square		
Expected Outcomes		
(Please list the skills and behaviors you want this student to master in order to return to the public school setting.)		
Additional Information		
(Please include any other information about this student and his/her history that may help us to best understand the need for referral.)		
Expected Date of Placement:		

FOR OFFICE USE ONLY
FOR OFFICE USE ONLY Date Received:
Date Reviewed: Date of IEP Placement Meeting:
Date of IEP Placement Meeting:
Date of Enrollment:
Date of 30 Day Review Meeting: