Use the following link to access the Referral site:
- https://esyrequests.cliu.org
- Use the password and Username issued to your district Special Education Director

**PA Secure ID** - Enter the Student's PASecure ID. The Form will not allow you to enter more than 10 digits.
- If the student is in the IU Billing System a window will appear when you enter the PA ID. If the name is correct, clicking on the name will autofill the demographics section.
- Please double check the info for accuracy.
- If it is incorrect, use the if above information is incorrect, please click here link to correct the information

**Student First Name and Student Last Name** - enter first and last name

**Date of Birth** - Use the drop downs to enter student birthdate

**Age** – is automatically calculated

**Parent Name** - enter name

**Student Primary Address** -
- Enter student primary Street address,
- Enter secondary address (Apt/Unit#), if applicable
- Enter City/Town, State & Zip code

**Student Primary Phone Contact** - enter Primary Phone Number in the form xxx-xxx-xxxx

**Current Program Type** - enter type of program student is currently attending

Note; If requesting Related Services ONLY select “Other” and enter “Related Services Only”

**LEA** – Please enter the LEA/District/Charter responsible for educating the Student using the Drop Down menu. If the LEA is not in the Dropdown manually enter the name in the “Other LEA” textbox.

**Teacher Name** - Enter the name of the contact person for this student, i.e. the person responsible for issuing the profile for the student in the program.

**Program Supervisor Name** - Enter the name of the supervisor who has general oversight for the student's current placement/program (i.e. Supervisor or District Director/Supervisor/administrator).

**Email Address for Teacher** - Enter the email address for the Teacher named above.

**Phone contact number for Teacher** - Enter the phone number of the teacher where she/he can be reached for any needed clarification.

**Goals** - Enter the IEP Goals relevant to the ESY program for this student. This should come directly from the ESY portion of the IEP. **At least one goal must be entered.**

**Objectives** - Enter any and all objectives associated with the goal. **If there are not objectives, please enter the numeral zero (0).**
Baseline—Enter the current level of performance on the goal at the time of the completion of this form (if none enter “0”)

To add an additional goal select the radio button for "Yes"
- You can add up to two (2) additional goals, objectives, baselines.

Additional Comments/Specialized Requests

- **Specialized Instruction**
  Enter any specialized instruction that needs from the IEP.
- **Additional Comments/Specialized Requests**
  Enter any additional information, or unique or individualized requests including unique transportation needs that are not addressed elsewhere on the form.

- Individualized requests will be reviewed on a case-by-case basis and cannot be guaranteed to be able to be accommodated.

II. Related Services - select each related service requested and specify any services other than Occupational Therapy, Physical Therapy or Speech Therapy in the "Other" box (i.e. WBL, Vision, etc.).
- When each related service is selected, additional fields will appear.
- Enter in the amount of the service for the duration of ESY (in minutes) select per month
- Enter the location of service (Classroom, Camp, District Bldg Name)
- Enter service Start Date and End Date
- Enter which goal (by number) the related service is intended to address (respectively). If the service is not related to a goal above, enter the numeral zero (0)

  Note: Make sure that your staff are clear on the amount of services to be provided. It should come directly from the ESY section of the IEP.

III. Recommended Location and/or program type(s):
- **Program Requested**
  o Identify the location of the program requested (note whether Camp or Classroom)
  o If Related Services Only in a district program make sure it is noted here (WBL Only, also)

- **Is student currently enrolled in an IU program?**
  o If the student is in an IU Classroom and has an IU generated IEP, select Yes
  o If the student does not have an IU generated IEP, select “No” and upload the current IEP (in PDF format)

IV. Additional Student Needs-Does the student need: (Please select Y or N)

- **Transportation**- Select either IU Transportation or District Transportation.
  o if IU Transportation is selected, select if a lift van is needed
  o additional needs/requests can be indicated in the "additional comments" box noted above.

- **Support of a one-one paraeducator?**- Enter Yes or No.
  o If "Yes" then list the current staff assigned as the 1:1. **If a district/LEA employee just indicate LEA 1:1.**

- **Communication Device(s)**? Enter Yes or No. If Yes- Indicate the Device

- **Medical Considerations and Other Factors** -Select Yes or No. If Yes please enter the details regarding the medical conditions other factors.
V. Attachments Needed- The following is attached (profile cannot be processed without the following required documents)

- **Emergency Form** - required
- **Video Picture Release** – required or affirmed as refused.
- **Seizure Protocol** – if applicable
- **Behavior Support Plan** – if applicable
- Select the Choose File button to upload current/revised forms. Please update and/or get the current forms verified (i.e. teacher initials and date that confirm that the information on the form is current and valid for ESY/Summer Services programming)

**Confirmation Recipient Section** - this section is to document the name and email address where a confirmation copy of the profile information will be emailed.

**Submit Form Button** - once the data is entered the Submit button is used to submit the profile.

- If any of the required data is not submitted or submitted in the incorrect format the form will not submit.
- Once submitted, the originator will see a message confirming that the form was submitted and a copy was issued to the person listed in the confirmation section.
- In addition the individual listed in the Teacher and Teacher email field will receive a confirmation copy of the profile.

**NOTE:** If a change needs to be made after a profile has been submitted, note the corrections on the Confirmation email that was received and send it to ESYreferrals@cliu.org while copying the LEA (same email as in the Confirmation Recipient Section)