



Chester County Intermediate Unit

Discover Program – Handi-Crafters, Inc. Referral

Student: _____

Date of Birth: _____

School: _____

Age: _____

Teacher: _____

Grade: _____

District of Residence: _____

Referral Date: _____

Reason for Referral:

_____ Requesting Workshop Services (per IU Agreement) _____ # of Days/Week

Requested Start Date: _____

Other: The following services are offered by Handi-Crafters. The cost for these services is beyond those of the CCIU /Handi-Crafters agreement and will be charged directly to the referring district by Handi-Crafters, Inc.

_____ 10–day Vocational Evaluation (required for all initial referrals) - \$750.00

_____ Group Workcrew Experience

_____ Job Development

_____ One-to-One Workcrew Experience

_____ Extended School Year

Referred by Title Phone

Liaison Signature

Discover/Handi-Crafters Liaison
Title

610-383-7400
Phone

REQUIRED

District Special Education Supervisor Signature

Date

**SEND APPROVED FORM TO:
Vince McVeigh Supervisor, CCIU, 455 Boot Road, Downingtown, PA 19335**

CCIU Supervisor Signature

Date

For CCIU Office Use Only
Date Received _____

For Handi-Crafters Office Use Only
Date Received _____

Discover – Handi-Crafters Referral Directions

The Discover Program – Handi-crafters Referral Form is to be used when referring a student from either District or IU operated classes for participation in the **Handi-crafters Workshop Services**.

It should be used when the IEP team has determined that such a placement is appropriate. If the student is being referred to Handi-Crafters for the first time, check the referral line for both the Workshop Services **and** the 10 –day Vocational Evaluation, which is required for initial referrals. **Handi-Crafters reserves the right to make a final decision as to accepting the student in placement.**

The referral form should also be used if a student currently enrolled at Handi-Crafters is in need of additional services (not covered by the CCIU/Handi-Crafters Agreement) through the same process. **In such cases, Handi-Crafters will bill districts directly for these additional services.**

The referral form should not be used when referring a new client to Handi-Crafters for services other than Workshop Services. This type of referral should be made directly by the district to Handi-Crafters Inc. at:

215 Barley Sheaf Road
P.O. Box 72646
Thorndale, PA 19372
610-384-6990, ext.210
Attn: Elaine Durham

All referrals must be signed by a District Administrator prior to being sent to the CCIU Discover Program Supervisor, Vince McVeigh at:

ESC
455 Boot Rd.
Downingtown, PA 19335
Fax: 484-237-5263 (attn: Vince McVeigh)

Any questions can be forwarded to Joanna Smith, the Discover Program’s Handi-Crafters Liaison at: 610-383-7400 or Joannas@cciu.org
Mrs. Smith will be responsible for insuring that all necessary student information is provided to Handi-Crafters including pertinent medical and/or behavioral issues, frequency of service and desired start date.