

Seeds of Tomorrow, Inc

Compensatory Education Services Referral Form

TODAY'S DATE _____

STUDENT _____ D.O.B. _____

SCHOOL _____ GRADE _____

SCHOOL CONTACT _____ PHONE _____

PARENT/GUARDIAN _____

ADDRESS _____

PHONE – H _____ W _____ C _____

REFERRED BY _____

ADDRESS _____

PHONE – H _____ W _____ C _____

EMAIL _____

Reason for Referral: In need of Comp Ed Services

In need of Comp Ed Plan Assessment and Development

In need of Transition Assessments and Transition Goals

To start the referral process, please email or fax this form with the following information:

- Funding source document (e.g., HOD, Settlement Agreement, court order) that states the hours and type of education services needed
- Current Individualized Education Program and educational evaluation

I hereby certify that the above-named student is entitled to education services at the expense of District of Columbia Public Schools ("DCPS") due to DCPS' failure to provide a Free Appropriate Public Education. I also certify that, in my capacity as this child's attorney, I referred this client to Seeds of Tomorrow, Inc., for education services in accordance with the enclosed Settlement Agreement, HOD, or other document.

Please send information to:

Carrie Pecover, MA
Seeds of Tomorrow, Inc.
223 Douglas St., NE
Washington, DC 20002

Phone: 202-277-7175

Fax: 202-618-6320

Email: info@theseedsoftomorrow.org