

Referral Packet for Sanilac ISD Special Education MoCi Programs

Date Packet Completed: _____

Student: _____ DOB: _____ Eligibility: _____

Grade: _____

District: _____ Building: _____

Teacher/Designated Case Manager: _____ Phone: _____

Email Address: _____

Most Recent IEP Date: _____ Most Recent Re-evaluation IEP Date: _____

Special Ed. Administrator Signature: _____ **Date:** _____

Reason for Referral (Check any that apply):

- ☐ Lack of Academic Progress ☐ Decline in Behavior ☐ Decline in Social Skills ☐ Declining Health
☐ Other: _____
-

Required Pre-referral

- A. Basic universal supports are in place in the student's current local district setting.
- B. Contact has been made with SISD consultants and ancillary staff regarding assistance with access to curriculum, need for assistive technology or behavioral support.
- C. Local district special education administrator contacts the SISD Special Education School Principal to review the IEP team's concerns regarding the student's current program, services and placement.
- D. SISD staff will observe student and suggest interventions/strategies/supports to assist the student in remaining in the current placement or to meet student goals through sources other than SISD Special Education School.
- E. Local district staff will implement suggestions and collect data for an adequate amount of time, typically 6 weeks or more with subsequent meetings in between to adapt the program.

Referral

- A. After all suggestions, ideas and accommodations have been implemented and data analysis supports the ineffectiveness of strategies tried, local district special education administrator (LEA) must authorize the referral and designate a staff person to complete the SISD Special Education School referral packet.
- B. Completed packet is sent to SISD Special Education School Principal.
- C. The referral packet is reviewed by SISD School staff including speech therapist, social worker, teacher (for age of student being referred), and administrator. The occupational therapist, physical therapist, HI & VI consultants will also be included when appropriate.
- D. The SISD Special Education Principal will assign a staff person to observe the student in her/his current placement. Review of interventions and data collected, and additional interventions for support will be provided.

Placement Decision

- A. Following completion of the referral process as outlined above, the local district schedules an IEPT meeting inviting the parents, current teacher, related service providers, and representatives from all placement options, including the SISD. The SISD Special Education School Principal will determine which SISD School staff will attend the IEP meeting.
- B. The IEP team will discuss the goals needed for return of the student to her/his home district.
- C. In the case of post-secondary students, the IEP should identify transition goals that, when met, will indicate completion of the student's school program.

Exceptional circumstances and emergency placements will be considered on a case-by-case basis in consultation with SISD Special Education School Principal, SISD Special Education Director and the local district supervisor.

Student Profile

1. Strengths	
2. Needs	
3. Sensory Considerations	Sensitivities: Sensory Tools:
4. Reinforce's (include specific phrases used, if applicable)	
5. Triggers (including specific phrases, if applicable)	
6. Safety/Supervision Needs	
7. Communication Method	
8. Medical/Health Concerns	
9. Current Medications	
10. Behavior of Concern <input type="checkbox"/> check if student has a current Behavior Support Plan	

Family Information

Parent/Guardian Name & Address	
Parent/Guardian Communication	Preferred Method: Frequency: Types of Information Parents Prefer:
Parent/Guardian Goals for student	

Current Placement Information

Please list all special education & regular education settings, indicate % of day in each
Please list all supports and services (SLP, OT, PT, VI, HI, etc.)

Prompting Level Needed for Common Activities

Activity	Prompting Type Needed (check one for each activity)				State Frequency Range (e.g. 3-5 prompts)
1 step directions	Visual	Verbal	Partial Physical	Full Physical	
Navigating the school building	Visual	Verbal	Partial Physical	Full Physical	
Participation in instruction	Visual	Verbal	Partial Physical	Full Physical	
Taking care of personal needs	Visual	Verbal	Partial Physical	Full Physical	
Navigating the classroom	Visual	Verbal	Partial Physical	Full Physical	
Bus to classroom	Visual	Verbal	Partial Physical	Full Physical	
Completing a task	Visual	Verbal	Partial Physical	Full Physical	

***Effectiveness Scale**

- 1 = Absolutely necessary—do not remove
- 2 = In place, not needed every day, but shouldn't be removed
- 3 = In place, effectiveness undetermined
- 4 = Not yet in place

Supports and Interventions

Support	Describe how it is used/when	*Effectiveness
Visual/Communication		
<input type="checkbox"/> Interactive Visual Schedule		
<input type="checkbox"/> First/Then visual		
<input type="checkbox"/> Communication System		
<input type="checkbox"/> Other		
Sensory		
<input type="checkbox"/> Alert/Self-Regulation		
<input type="checkbox"/> Sensory Diet		
<input type="checkbox"/> Other		
Social		
<input type="checkbox"/> Social Skills Stories		
<input type="checkbox"/> Peer pairing/modeling		
<input type="checkbox"/> Adult Supports/Para Facilitator		
<input type="checkbox"/> Other		
Behavior		
<input type="checkbox"/> Visual Expectations		
<input type="checkbox"/> Environmental Structure		
<input type="checkbox"/> Scheduled Breaks (include data)		
<input type="checkbox"/> Other		

Personal Care	Describe level of independence or support needed	
<input type="checkbox"/> Toileting	<input type="checkbox"/> Toilet trained <input type="checkbox"/> Wears pull-ups, participates in routine <input type="checkbox"/> Wears diapers, requires adult to change	
<input type="checkbox"/> Feeding		

How will we know the student is ready to return to a less restrictive placement?

Please list 1-3 measurable goals, including criteria and how long it should be maintained before we consider the goal met and call a team meeting to discuss possible change in placement back to local district. SISD Special Education School staff will focus on improving these areas in order to help the student be able to return to a less restrictive setting.

Goal(s)	Criteria	How Long?
1.		
2.		
3		

Documents Included

All Referrals

- ☐ Last 2 IEP's
- ☐ All METS-from the Initial MET to current
- ☐ Academic Assessments/Progress Reports
- ☐ Attendance Records
- ☐ Other: _____

Post-Secondary Referrals

- ☐ Transition Plan (16+)
- ☐ STAT R or ESTR Assessment (16+)
- ☐ Work Experience Assessments (16+)
- ☐ Other: _____

Behavior Referrals (additional information needed)

- ☐ Last 2 FBA's
- ☐ Last 2 BIP's
- ☐ Graphed/documented data showing intervention changes
- ☐ Target behavior clearly defined
- ☐ Copy of check sheet/token economy/positive behavior supports used
- ☐ Other: _____

Signature of staff member completing referral: _____

Title: _____ Date: _____

SISD Special Education Office Use Only:

Date Received: _____

Local Special Education Administrator _____