

Appendix II
District Referral Forms and Flow Charts

Appendix II Referral Process

Referral Process for Students Birth to Pre-K

Local health, education, and social service agencies must refer children under age five who are known to need or suspected of needing special instruction and services to the school district. A full range of education programs and services will be provided for children with a disability.

Primary referral sources include:

- Hospitals, including prenatal and postnatal care facilities;
- Physicians;
- Parents;
- Day Care programs;
- Local educational agencies;
- Public Health facilities;
- Other social service agencies; and
- Other health care providers.

Districts use the following referral process for students between birth to pre-kindergarten:

Referral is the formal, ongoing process for reviewing information related to children who show signs of needing special education services. The referral process includes reviewing screening information and deciding whether or not to conduct an evaluation. A referral may be made by anyone who has a concern.

The individual taking the referral:

- a. Gathers as much information as possible from the referral source and completes the form entitled **ECSE Referral Form**.
- b. Arrangements for a home visit to be conducted by a representative from the local agency . This may be an ECSE teacher, a public health nurse, a social worker or a combination of personnel depending upon the known priorities of the child and family.

Reminder: Birth-2: Once the agency receives a referral and has determined the need for an evaluation, the team will complete the evaluation activities and hold an Individual Family Service Plan (IFSP) meeting within 45 calendar days. The 45 day "clock" begins when a

phone call of referral is made to the public agency. **Ages 3-5:** Evaluations for children over age three must be completed within 30 school days.

Activities for Initial Home Visit:

- A. Complete the **ECSE Referral Form** and **Individual Releases for Exchange of Information**. Give a copy of each form to the parent along with the *Infant and Toddler Intervention Procedural Safeguards Notice (Part C)* and *Part B Notice of Procedural Safeguards*.
- B. Interview the parent(s)/guardian(s) to gather information needed to complete the correct form: Family Questionnaire: birth - 6 months, Family Questionnaire: 6 months - 12 months, Family Questionnaire: 12 - 18 months, Family Questionnaire: 18-24 months, Family Questionnaire: 24-36 months, Preschool Family Questionnaire and any other informational document desired by Alexandria Public School District.
- C. A Prior Written Notice to required to conduct a developmental screening **unless** the child was referred from a screening activity such as Early Childhood Screening, Child and Teen Checkup, or a Head Start screening.
- D. Summarize the results of the screening and discuss next steps with parent(s)/guardian(s):

If the results of the screening and observation, combined with the information gathered from the parent, indicate no concerns, suggest local resources available to the family. Always leave a contact name and phone number.

OR

If the results of the screening and observation, combined with the information gathered from the parent, indicate no concerns at this time but suggest that it would be beneficial for additional services, referrals to other agency programs should be made.

OR

If an educational evaluation is indicated, explain next steps to parent. Offer an opportunity for questions and, if possible, schedule a visit to plan the evaluation.

- F. Identify an interagency service facilitator/coordinator.

Part C Service Coordination

Once the public agency receives a referral, a service coordinator is appointed to carry out coordination activities on an interagency basis. Service coordination must promote a family's capacity and competency to identify, obtain, coordinate, monitor, and evaluate resources and services to meet the family's needs.

Service coordination activities include:

1. coordinating the performance of evaluations and assessments;
2. facilitating and participating in the development, review, and evaluation of individualized family service plans;
3. assisting families in identifying available service providers;
4. coordinating and monitoring the delivery of available services;
5. informing families of the availability of advocacy services;
6. coordinating with medical, health, and other service providers;
7. facilitating the development of a transition plan at least 90 days (child is 2 years 3 months - 2 years 9 months of age) before the time the child is no longer eligible for early intervention services, if appropriate;
8. managing the early intervention record and submitting additional information to the local primary agency at the time of periodic review and annual evaluations; and
9. notifying a local primary agency when disputes between agencies impact service delivery required by an IFSP.

Part B Referral Process for Public School Students Ages 5-21

General Education Teachers can effectively meet some of the needs of students with learning and behavior problems within the general education classroom. Situations arise, however when a teacher needs a support system to help with students who present unique learning and adjustment problems. Student Support Teams (SST) may assist general educators in solving these problems by determining appropriate pre-referral interventions. Pre-referral interventions help determine if the student's learning problem is specific to

the student or a result of the method of instruction or other classroom variables. A Student Support Team (SST) meeting is particularly important in creating a partnership between the school and family; it is an opportunity to collect information about the student.

The individual buildings within the district have each developed a child study procedure for their staff. The main function of the team is to provide an orderly and systematic procedure to identify and monitor students at risk of academic or behavioral difficulties by:

- Behaviorally clarifying the presenting problem
- Pulling together and considering existing information as it relates to the presenting problem
- Gathering additional information within the general education setting utilizing general education personnel and/or procedures
- Determining appropriate course of action attempting to resolve the presenting problem
- Recommending when special education assessment seems appropriate.

The Student Support Team (SST) is generally composed of regular education teachers, counselor or school social worker, building principal, and others as appropriate such as licensed special education personnel, speech clinician and/or school psychologist. Some buildings have combined the functions of the teams to include Early Intervention Services (EIS) and Section 504 referrals as well as referrals for special education.

Individual buildings use the following referral process for students between the ages of 5 and 21:

1. A concern is identified by a parent or teacher;
School districts are under an obligation to respond to either a verbal or written request for evaluation. The U.S. Office of Special Education and Rehabilitative Services (OSERS) clarifies this point:

A school professional may ask that a child be evaluated to see if he or she has a disability. Parents may also contact the child's teacher or other school professional to ask that their child be evaluated. This request may be verbal or in writing. Parental consent is needed before the child may be evaluated. Evaluation needs to be completed within a 30 day time period after the parent gives consent.

2. Information is gathered on the student using the Learner Performance Review Form; and

3. At least 2 pre-referral interventions are conducted and results are documented.

*There are situations when a student's special education evaluation team may waive the pre-referral intervention requirements. This may include a student who enters the district with a documented history of blindness, deafness, cognitive delay, paraplegia, autism, traumatic brain injury, or a student whose disability is well documented or has had an IEP in the last 12 months. Parents may also request an evaluation. The district is obligated to conduct the evaluation whenever the district is unable to convince the parent(s) to consider other interventions before proceeding to evaluation.

4. If concerns persist and performance is discrepant from classmates/norms, teacher submits pre-referral information and interventions to the building's Student Support Team (SST) to initiate special education referral.

5. The SST reviews pre-referral information and interventions and may contact parent, teacher(s) or others for additional information.

6. A multidisciplinary team will discuss the referral. If the team determines the referral is appropriate, an evaluation plan will be written. The team will also complete a **Parent Consent/Objection Form** and **Prior Written Notice**. Documents will be sent to parents for review and written approval.

7. If it is determined that an evaluation is not appropriate, the multidisciplinary team will discuss options for action. A **Parent Consent/Objection Form** and **Prior Written Notice** will be provided to parents.

The team should consist of the following personnel whenever feasible:

- A. licensed special education staff in the area of the suspected disability;
- B. a person knowledgeable in evaluation for the specific disability;
- C. parent*; and
- D. the referring person (when appropriate)

** Parents must be provided with the opportunity to participate in the decision-making when their child is being considered for special education evaluation. The parent must be notified of the intent to develop an evaluation plan. It is recommended that the parent*

and classroom teacher discuss concerns regarding the student prior to the referral which should be made to the building SAT/SST to implement and review the interventions already attempted, determine the need for evaluation, and assign a case manager. The district staff assigned will provide the parent with an opportunity to have any questions or concerns answered about the evaluation process and the instruments used.

If the parent wishes to be a part of the planning process but is unable to attend the meeting, the case manager should seek input and provide the parent with an opportunity to have questions answered. Attempts to include the parent in the meeting and/or opportunities for participation should be documented on the student's Parent Contact Documentation.

Referral Process for Non-Public or Home School Students

1. The parent, non-public school staff or others identify a concern regarding a student by contacting the principal at the student's neighboring school.
2. The building principal from the neighboring school will have the parent and/or private school staff complete the Student Support Team (SST) referral form.
3. The Student Support Team (SST) referral form is returned to the principal at the student's neighborhood school. Referrals must be responded to within 10 calendar days of receiving them.
4. The Student Support Team (SST) from the student's neighborhood school reviews the referral information and any previous teacher interventions.
5. If the referral is from a non-public school, the classroom teacher or representative is invited to the Student Support Team (SST) meeting at which the student will be discussed.
6. The Student Support Team (SST), which includes the classroom teacher, determines if additional interventions are appropriate or more data is needed. A "case manager" is assigned to oversee the option recommended by the team.

a) If pre-referral interventions are implemented the Student Support Team (SST) will monitor effectiveness of the interventions and systematically review the student's progress.

b) If the decision is for an evaluation for special education a special education teacher is assigned as case manager and an evaluation determination is made and additional evaluation team members identified.

7. If the student is evaluated for special education and found eligible for services an IEP is developed and services initiated. If the student is found ineligible for special education services, the team considers other options or recommendations.

8. If the team determines not to conduct a special education evaluation, a summary form indicating recommendations is completed and kept on file with the building principal. A "case manager" should be assigned to follow up on any recommendations made by the team. Some possible recommendations or options include:

- Continue with further EIS interventions;
- Consider a 504 Plan;
- Consider referral to outside agencies;
- No further action, concern resolved.

The student's parent must be provided an opportunity to participate in this review. Best practice would suggest that the parent be contacted by phone prior to sending a *Notice of a Team Meeting* in order to schedule a convenient date.

For children birth to age seven suspected of having a hearing or vision disability, the team must include a licensed teacher in each area of suspected sensory impairment.

**Parkers Prairie Public Schools
Special Education Referral Form**

Learner's Full Name: _____
 Date of Birth: _____ Age: _____ Sex: M F
 Parent/Guardian: _____
 Address: _____
 Phone (H): _____ (cell) _____
 Person Making Referral: _____
 Month/Date/Year: _____
 Grade: _____ Teacher: _____
 School District: _____

A. Describe your reasons for referring this student for special education assessment or reassessment.

B. You must submit two interventions (see pre-referral form) along with this referral, unless this is a reassessment or the interventions are waived by the special education team (pre-referrals are not required for early childhood or in emergency situations).

C. Medical Information

1. Vision Screening Date: _____ Results: L _____ R _____
 2. Hearing Screening Date: _____ Results: _____
 3. Receiving Medication: No _____ Yes _____

** If yes, describe: _____

4. Family Physician: _____
 Facility: _____
 Address: _____
 Phone: _____

5. List Mental Health diagnosis or physical problems (attach copies of medical report if available).

D. Please check areas of concern. (The Assessment Determination Team reserves the right to determine what area(s) will be assessed.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Sensory | <u>Transition</u> |
| <input type="checkbox"/> Academic | <input type="checkbox"/> Health/Physical | <input type="checkbox"/> Home Living |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Social/Emotional | <input type="checkbox"/> Community Participa |
| <input type="checkbox"/> Motor | <input type="checkbox"/> Behavioral | <input type="checkbox"/> Recreation/Leisure |
| <input type="checkbox"/> Adaptive Behavior | <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Jobs and Job Train. |
| <input type="checkbox"/> Information Processing | <input type="checkbox"/> Observations | <input type="checkbox"/> Post Secondary |

E. SAT or Child Study Team completes this section:

- > Date Referral Reviewed by Child Study Team: _____
- > Recommended Action: Proceed with Special Education Due Process
 Do Not proceed with Special Education Due Process
- > Case Manager: _____
- > Administrative Signature: _____
- > Parent Permission Received: _____

Attachments: Prereferral form
 Medical Reports

**EARLY CHILDHOOD PRE REFERRAL
INTAKE FORM**

Early Childhood Intake Date: _____ Student Name: _____

Parent Aware of Referral : Yes No Grade: _____ Gender: _____ ID #: _____

Referral Taken By: _____ D.O.B.: _____ Age: _____

Parent: _____ Home Phone: _____ Work Phone: _____

Address: _____ Learner's Permanent District: _____

Directions to home: _____

Referring Person: _____ Referring Agency: _____

Title/Position: _____

Telephone: _____ Family Physician: _____

Address: _____

Reason For Referral: _____

Pertinent Medical History:

Does your child currently have medical insurance? Yes No

Type of insurance:
 Private Insurance Medical Assistance (MA) Other
 Minnesota Care No Insurance

Involvement With Other Agencies:

Please reflect your concerns in any of the following areas:

1. Cognitive Development:

5. Self Help:

2. Communication:

6. Social/Emotional/Behavioral:

3. Motor:

7. Health/Physical:

4. Sensory:

8. Other:

Action Taken: _____ Parent Response: _____

Part B Post-Referral Actions

BEGIN HERE: A primary referral source has identified and referred a child between the ages of 2 years 10 months and 16 days and 5 (not yet enrolled in kindergarten) who has a diagnosed condition with a high probability for delay, or a suspected developmental delay, or atypical development based on screening, observation or parent report.

Referral made through statewide phone or online system. Help Me Grow referral system will generate an email contacting the assigned local education agency.

Upon receipt of the referral, the local education agency will provide the family with a notice of procedural safeguards. The local education agency will gather and review information available, determine status at referral and appropriate next step.

Request for evaluation by team or parent
OR
A disability is suspected due to professional observation or prior screening

Screening
No diagnosis, prior screening or other data indicating a suspected disability is available or evident AND the team has determined that screening is appropriate

The child participates in the early childhood screening procedures that are available to all students

NO	YES
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The child participates in an individualized developmental screening and parent consent is obtained through a PWN

Screening is completed and results are shared with the parent. Is the child suspected of having a disability? Parent(s) are informed of their right to request an evaluation.

NO***	YES
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- 1) Review all available existing data including screening information, medical diagnosis, existing testing, etc.
- 2) Propose an evaluation plan using a notice of evaluation that addresses all areas of the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities
- 3) Obtain parental consent
- 4) Implement evaluations as planned (complete evaluation within a reasonable amount of time not to exceed 30 school days)
 - Review medical records
 - Interview parents
 - Evaluate in all areas of suspected disability
 - Observe in setting routine to the child
 - Gather information from other sources
- 5) Determine if child meets eligibility criteria

NO	Yes
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***If the child participates in a screening in response to a referral and is not a child suspected of [having] a disability, provide the parents with a PWN to document the [district's] refusal [to evaluate].

If the parent requests an evaluation at any point during this process and the district chooses to deny this request:
Complete a PWN including the reason that the district is refusing to act on the referral.
Refusals must be completed within 14 calendar days of receiving the request.
Minn. R. 3525.3600

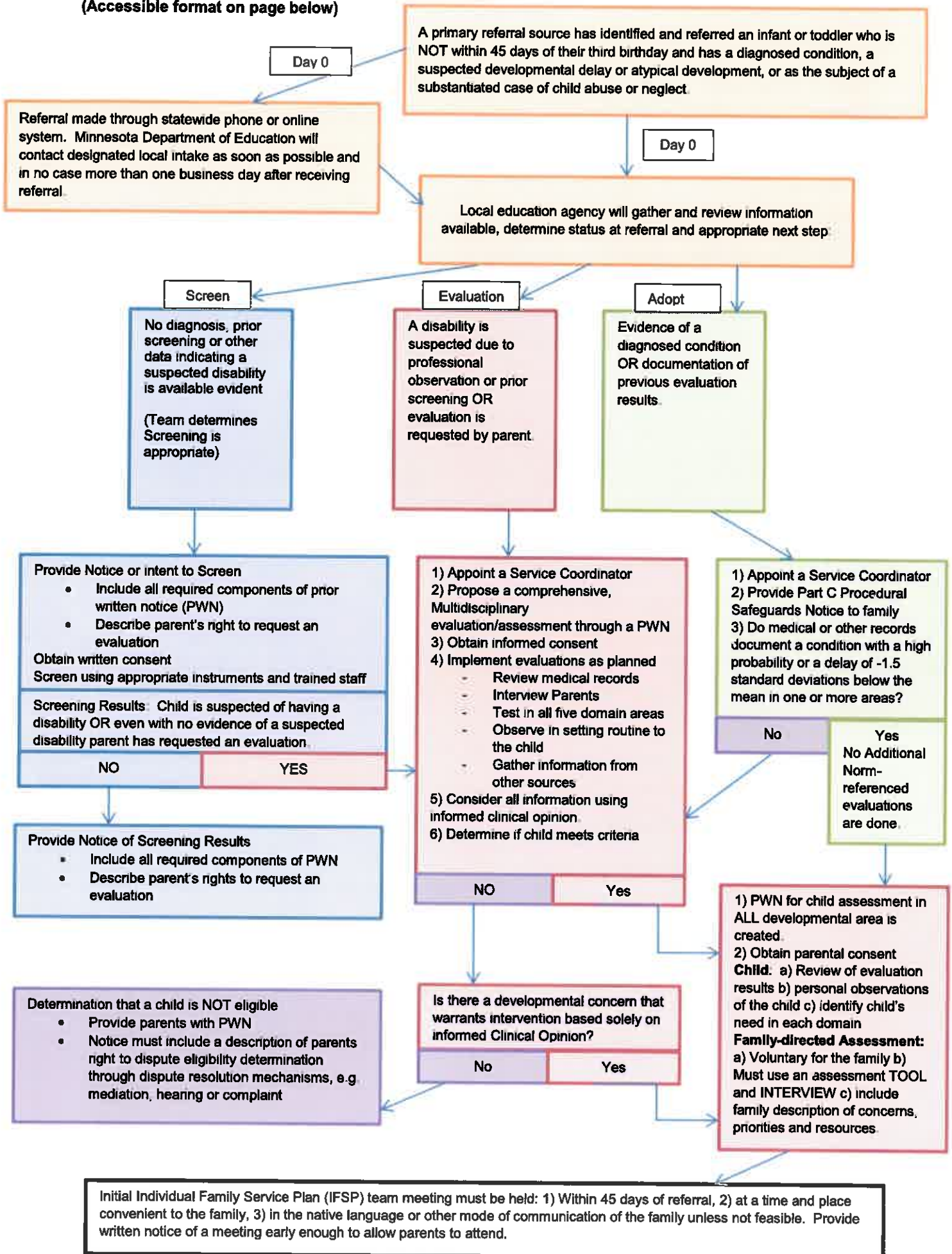
Determination that a child is NOT eligible

- Complete an evaluation report summarizing all information obtained
- Provide parents with PWN (Notice must include a description of parents right to dispute eligibility determination through dispute resolution mechanisms, e.g. mediation, hearing or complaint)

- 1) Complete evaluation report documenting results of all information obtained including educational needs and documentation of eligibility criteria
- 2) Schedule an IEP meeting with the family including all required team members (consider the current enrollment of child in any early childhood settings).

Initial IEP team meeting must be held: 1) Within 30 calendar days of the sharing of evaluation results, 2) at a mutually agreed upon time and location, 3) in the Native language or other mode of communication of the family unless not feasible. Provide notice of a meeting early enough to allow parents to attend.

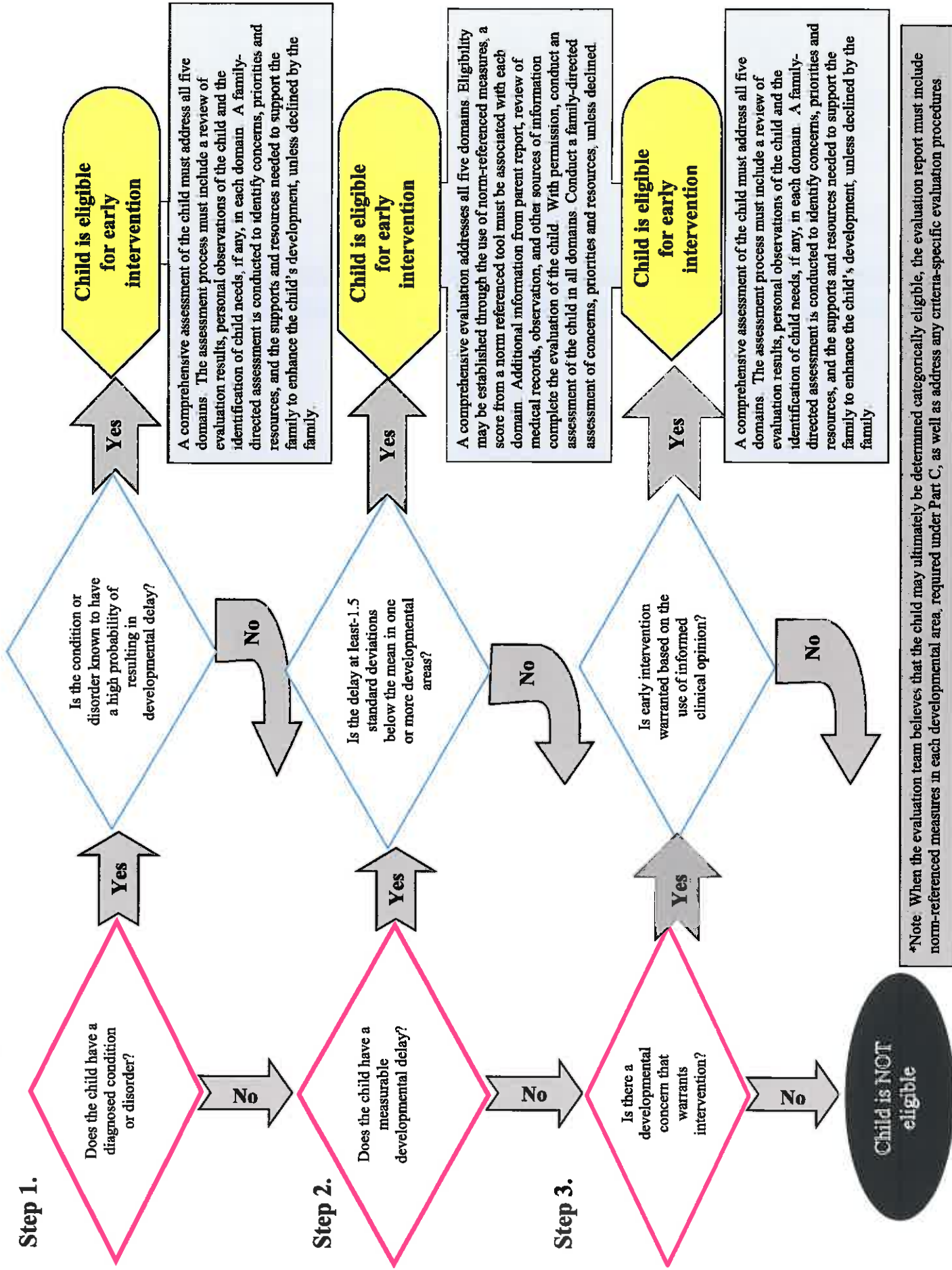
FUNCTIONAL ACTIONS
(Accessible format on page below)



Initial Individual Family Service Plan (IFSP) team meeting must be held: 1) Within 45 days of referral, 2) at a time and place convenient to the family, 3) in the native language or other mode of communication of the family unless not feasible. Provide written notice of a meeting early enough to allow parents to attend.

Part C. Eligibility Determination Flowchart

(Accessible document is found below this flow chart)



PART C AND PART B REQUIREMENTS UPON INITIAL REFERRAL OF INFANTS AND TODDLERS UNDER THE AGE OF THREE

Recent changes to Minnesota Statutes, section 125A.03 clarify whether a child initially referred for a special education evaluation while still under the age of three should receive an evaluation and services under Part C or Part B. With the current statutory language, children ages three through 21 receive services through an Individual Education Program (IEP) that meets the requirements of Part B while infants and toddlers under the age of three receive services through an Individualized Family Service Plan (IFSP) that meets the requirements of Part C. *Below is one example of how to meet requirements:*

Age at Referral	B – 2/3	2/3 – 2/6	2/6 – 2/9	2/9 – 2/10/15	2/10/15 - 3
Initial Referral	<p>Evaluations and services must meet Part C timeline and due process requirements. This includes children who may meet categorical eligibility criteria.</p>	<p>Evaluations and services must meet Part C timeline and due process requirements. This includes children eligible under a categorical disability.</p> <p>The team may also choose to address transition at this time. If the child is considered potentially eligible for Part B the transition conference may be combined with the initial IFSP meeting and the transition steps and services would be documented in the IFSP.</p>	<p>Evaluations and services must meet Part C timeline and due process requirements. This includes children eligible under a categorical disability.</p> <p>The initial IFSP will also include transition planning and a determination of whether the child is potentially eligible under Part B. If the child is considered potentially eligible for Part B the transition conference may be combined with the initial IFSP meeting.</p>	<p>Evaluations and services must meet Part C timeline and due process requirements. This includes children eligible under a categorical disability. The IFSP remains in effect until the child's third birthday and must include the steps and services necessary for transition to Part B or other appropriate services.</p> <p>The team may simultaneously address Part B requirements. Making this simultaneous eligibility determination requires meeting the requirements of both Part C and Part B. Therefore, the Part C evaluation will require a prior written notice (PWN) meeting Part C requirements and the results of the evaluation must be summarized in the child's IFSP. The Part B evaluation will require a PWN meeting Part B requirements and must be documented in an evaluation report meeting Part B requirements. A meeting to develop the IEP must be held within 30 days of the Part B eligibility determination. However, the resulting IEP will not be implemented until the child turns three.</p>	<p>If the child is referred less than 45 days before their third birthday, the team should proceed with only a Part B evaluation and eligibility determination compliant with Part B timelines and due process requirements. Although a district would not be found out of compliance if a Part C evaluation was not completed in less than the 45 days the child continues to fall within Part C protections, those protections still apply until the child turns three. One of those protections is that the referral date starts the timeline for the completion of an evaluation. Because the child is afforded Part C protections at the time of referral, the referral date continues to be the start date for evaluation timelines. Therefore, the Part B evaluation must be completed within a reasonable time not to exceed 30 school days after the date of the initial referral unless a there is a documented exception to the timeline requirements.</p>

PART C AND PART B TRANSITION REQUIREMENTS FOR INFANTS AND TODDLERS UNDER THE AGE OF THREE

Age at Referral	B – 2/3	2/3 – 2/6	2/6 – 2/9	2/9 – 2/10/15	2/10/15 - 3
<p>For children already being served under Part C who are transitioning to Part B or appropriate services</p>		<p>With family approval, the team may choose to address transition steps and services including steps involved in completing a Part B evaluation and IEP.</p>	<p>The team must address transition steps and services in the child's IFSP.</p> <p>If the child is potentially eligible under Part B the team must hold a transition conference by the time the child reaches the age of two years, nine months and the IEP must be in place by the time the child turns three.</p> <p>If the child is not potentially eligible under Part B, the team must address the transition steps necessary to support the child's transition to other appropriate services.</p>		<p>The statutory changes do not impact the requirement that children transitioning from Part C to Part B must have an IEP in place by their third birthday.</p>