



SECTION 2

Pre-Referral, Referral and Logs

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PRE-REFERRAL/PROBLEM-SOLVING

Referral is a formal, ongoing process for receiving and responding to referrals when a student shows signs of potentially needing special education and related services. The referral process includes district review of screening and other information on referred students, and the district's decision about whether to conduct a formal special education evaluation.

All learners have a right to an education that enables them to perform at a satisfactory level, even when the curriculum is standardized across grade levels or by department (e.g., math, English) in a district. As problems arise, classroom teachers respond by entering into a problem-solving process. Depending on the district/school, this process is referred to as the Child Find Team (CFT) or the Problem-Solving Team (PST). When a learner experiences academic, emotional, social, or developmental difficulty (which interferes with learning), parents and school staff should address the specific area of concern in the most relevant but least intrusive manner. Parent contact, discussion with colleagues and consultation with the Principal or Director are likely to occur. As necessary, the curriculum and instruction are customized to meet the needs of these learners in the regular classroom.

Pre-referral is one option available in the problem-solving process. The pre-referral process is directed toward ensuring that appropriate attempts are made to identify and solve problems or address concerns in the classroom or environment in which they occur, making it unnecessary to remove the learner from that environment. Pre-referral problem solving is a general education responsibility and needs to occur and be unsuccessful before learners are referred for special education evaluation. Interventions are implemented in a consistent and timely manner by building staff. The design and implementation of the intervention are:

- (a) relevant to the area of concern,
- (b) understandable by parents, learners, and instructional staff,
- (c) measurable over time,
- (d) directed toward a behavior change,
- (e) achievable by the learner and
- (f) manageable by the team

At least two documented pre-referral interventions are required (as defined in federal law). Each intervention must be implemented for a minimum of 4-6 weeks. If there is no improvement another intervention should then be implemented. The intervention must be documented with baseline data and consistently implemented using scientific research based interventions.

In the event the team determines the circumstances are urgent and pre-referral interventions are waived, documentation is required.

Guiding Questions

Have parents been partners in the intervention process since the concern was noticed?

Note: Observations and inventories may be considered screening tools and are not considered formal evaluations unless the learner is removed from the regular environment and administered the tools in an individualized or small group environment.

Is a problem-solving process in place for learner's experiencing difficulties?

Recommended Practices in Planning Pre-referral

Parents are consulted about the teacher's concern for their learner's academic, emotional, social, or developmental difficulties. View-points, observations, concerns, plans, and time-lines are addressed by parents and staff together.

Problem solving resources are available. Consult with the Student Assistance Team.

All building staff is available to participate in the problem-solving process.

Special education staff may participate in problem-solving and may provide short term consultation (but not direct intervention) for pre-referral activities.

Guiding Questions

Has the classroom teacher checked out background factors which may affect learning or behavior (e.g., the learner's medical and cumulative record, talked to counselor and asked parents and/or learner)?

Are the concerns about the learner shared by others in the building and/or in more than one setting?

Who is responsible for implementing the pre-referral intervention plan?

Have two interventions been documented when pre-referral is appropriate to the problem-solving process?

What happens if interventions are unsuccessful and learner is suspected of having a disability which requires special education?

Recommended Practices in Planning Pre-referral

Note to what extent the learner had the opportunity to participate in developmentally appropriate experiences like other learners in their peer group. Has the learner been homeless, missed considerable number of school days, had multiple moves, at risk for chemical use?

Physical, social, emotional, communication, academic strengths/needs are considered when the learner's history is reviewed.

Building staff can identify when, where, how often, and with whom the behaviors or characteristics occur. Ask the parent about daycare or if other agencies have ever been involved with the student.

The classroom teacher is responsible for collecting and documenting baseline data, and coordinating the interventions, which may be implemented by the classroom teacher, a teaching assistant, the learner, the parent, or other general education support personnel (counselor, etc.).

The area of concern is clearly described.

A desired outcome is identified.

The intervention plan has been documented by the classroom teacher and is relevant to the area of concern.

The intervention plan is evaluated by the classroom teacher after sufficient time is given for meaningful change (at least 4-6 weeks).

Evaluation results are included in an intervention summary along with the next step(s).

Referral form will be completed by concerned person(s).

Pre-Referral Screening Form

Student's Name _____ Date _____
Teacher Name _____ Grade _____

Answer the following questions at a team meeting to determine if a student's problems are serious enough to be referred to the Student Intervention Team.

YES NO 1) Have alternatives such as Reading Skills, Reading, Math Skills, Tutoring been tried with differentiated instruction at the students level?
Children cannot be evaluated for Special Education services until there is documentation that all other instructional alternatives available in the school have been tried or ruled out for good reasons.

YES NO NA 2) If the child's home language is not English, has ELL been tried or ruled out?
It must be documented that Bilingual Education has been tried and ruled out for good reason in order to qualify for Special Education services.

YES NO 3) Has the child's attendance been regular?
Children who have excessive absences have not had the required opportunity to learn.

YES NO 4) Has the child's school career been in multiple schools?
Children who change schools often have not had the required opportunity to learn.

YES NO 5) Is the child's functioning at least one year behind current grade level in at least one major academic area as evident in STAR, CALT or NWEA-MAP testing?
For children to qualify as Learning Disabled, academic functioning must be significantly below grade level.

YES NO 6) Was at least one part of the MCAII failed when last taken?
Children who pass MCAII can meet academic standards and are unlikely to qualify for Special Education services.

YES NO 7) Is the student receiving failing grades in at least one academic area?
Children who obtain good or satisfactory grades do not have the required educational need or deficit to qualify for Special Education services.

YES NO NA 8) Are attention problems, impulsivity, inability to focus or distractibility present and a major drawback to successful classroom performance?
Only children with severe attention problems that significantly interfere with school performances meet the other health criteria guidelines.

YES NO NA 9) Have the behavioral/emotional problems been present for at least six months?
Emotional problems must be persistent over a significant length of time for a child to

qualify as a student with an emotional disturbance.

YES NO NA 10) Are the behavioral/emotional problems present in all areas of the child's life (both in and out of school)?

If not, problems are considered situational and not severe enough to qualify.

YES NO NA 11) Are the behavioral/emotional problems more than a typical reaction to a stressful event (no matter how severe the reaction or traumatic the event)?

Adjustment reactions do not meet emotional disturbance guidelines.

YES NO 12) Has the teacher tried a number of academic/emotional strategies in the general education setting?

Classroom modifications and instructional strategies been tried and were unsuccessful.

YES NO 13) Did the team eliminate hearing and vision concerns?

The hearing and vision screening must be passed.

YES NO 14) If the child is new to the school, has there been enough time (at least three months) for him/her to become adjusted to the unfamiliar surroundings?

Many children show behavior and/or learning problems when placed in an unfamiliar situation.

YES NO 15) Has a member of the team reviewed the CUM file?

YES NO 16) Has a parent been contacted to discuss academic/behavior concerns?

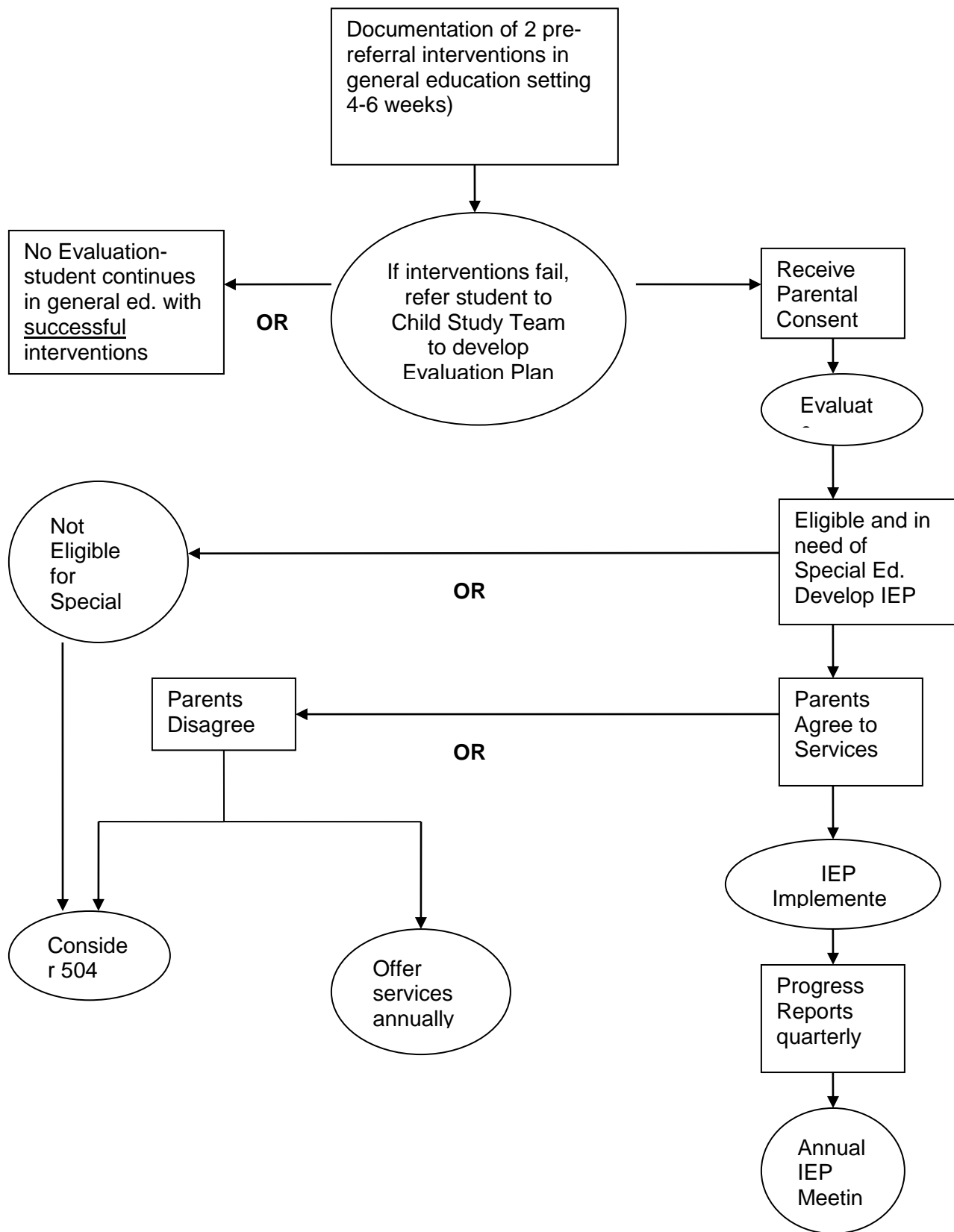
_____ YES Total

8 or more Appropriate Referral 8 or more "Yes" – Set up a SST/CST meeting with the DPF

5 to 8 Questionable Referral (Screen carefully) – Go back to the gen ed team

0 to 5 Testing is not appropriate at this time unless other factors are present.

DUE PROCESS FLOW CHART



DUE PROCESS	TIMELINES
Procedures	Time Allowed
Notice of Evaluation/Re-evaluation	<ul style="list-style-type: none"> • Requires prior written consent • For re-evaluation, reasonable attempts (2-3 documented) are required before proceeding. The re-evaluation team may begin 14 calendar days after Watershed High School mails the notice.
Evaluation Summary Reports	<ul style="list-style-type: none"> • To be completed within 30 school days after receipt of parent consent. • Includes completing the written Evaluation Report.
Parent Informed of Completed Evaluation	<ul style="list-style-type: none"> • By the end of the 30 day timeline, evaluation results are shared through the IEP process or (if ineligible) via Evaluation Summary Report.
Parent Notification of Initial IEP Meeting, If Learner is Determined Eligible	<ul style="list-style-type: none"> • Notice of a Team meeting to be sent to parent prior to the educational planning conference. • IEP is developed (Prior Written Notice is required) • Initial plan requires parent consent prior to implementation. (Notice of Proposed Action/Denial)
Progress Reports	<ul style="list-style-type: none"> • To be conducted at times and in manner specified in IEP • As often as general education reports for non-disabled peers
Annual Review/Annual IEP Meeting	<ul style="list-style-type: none"> • Annual plans may be implemented with parent consent or after 14 calendar days for annual IEP's. • Notice of a Team Meeting to be sent to parents. (Recommend allowing 7-10 calendar days notification prior to meeting date). • The IEP is required annually (once every 12 calendar months; plan to start planning before date of last annual IEP start date), for all students receiving special education service(s).
Reevaluation (Tri-annual)	<ul style="list-style-type: none"> • Required every 3 years for all learners in special education service. • To be completed within 30 school days after receipt of parent consent. If no consent to re-evaluate is returned, the team may begin the re-evaluation after 14 calendar days of when the parents received the consent form, when continuing placement.
Conciliation Conference	<ul style="list-style-type: none"> • To be held within 10 calendar days after receipt of parents' written request.

CLASSROOM INTERVENTION STRATEGIES

The classroom intervention strategies described in the following pages are organized into sections specific to certain types of concerns. Many interventions can be applied to several areas. When a problem is identified in the classroom, then the following strategies can be assembled into a planned and systematic intervention. This intervention plan is to be documented on the Pre-referral Intervention Summary form.

Concern areas include the following.

- Academic performance
- Independent/dependent behavior
- Interaction with peers
- Relationships
- Class involvement
- Following school rules
- Interaction with authority figures
- Coping with frustration and stress

ACADEMIC PERFORMANCE CONCERNS

Intervention Strategies:

Communication Techniques:

1. Acknowledge difficulty of the task.
2. Set up a contract with learner to encourage him/her to complete requirements of the class.
3. Direct learner's attention toward learners who are behaving appropriately by praising those who are following classroom expectations.
4. Send informal notes to learners about their progress or lack of progress.

Academic Modifications

1. Adjust assignments to level of learner's ability.
2. Provide extended time for projects that may be laborious for the student (e.g., if there is a term paper due and the learner struggles with writing fluency).
3. Break down the task into smaller, manageable steps.
4. Give both auditory and visual presentation of assignments (don't assume they understand).
5. Make worksheets clear, directions spelled out, readable, uncluttered.
6. Encourage learners to ask questions.
7. Teach the study skills necessary for a task.
8. Account for individual differences; use tape, pre-teaching, review, grouping, choice of topics, shorter requirements for certain learners.
9. Write things down on boards or displays in room.
10. Use overhead.
11. Use colored chalk or colored markers.
12. If you are comfortable let learner substitute written for oral assignment, or visa-versa.
13. Let learner tape oral presentation instead of presenting to entire class.
14. If appropriate, take advantage of current events; use real life examples.
15. Do demonstrations whenever possible.
16. Don't assume learners know the meaning of even the most commonly used words.

Class Structure/Environment Modifications

1. Charge for copies of assignments lost (HINT: charge privileges rather than actual money).
2. Give bonus for assignments in on time.
3. Have calendar on wall or in individual folders, with assignments due.
4. Change seating location for hearing, vision, distractibility (check health reports).
5. Walk around room.
6. Have learners paraphrase back to you the general expectations of the class.
7. Be alert to problems; praise learners who persist in the face of these problems.
8. Use small groups; have something to do if they finish before the rest of the group.

INDEPENDENT/DEPENDENT BEHAVIOR CONCERNS

Intervention Strategies:

Communication Techniques

1. Use verbal praise to increase independent work time.
2. Keep a log of inappropriate talking out; show to learner to indicate progress or problem.
3. Maintain close physical proximity (touch, only if appropriate).
4. Set up informal contract with learner to increase time s/he works independently.
5. Signal interference; use facial expressions, body language, special signal, and/or movement to indicate to learner s/he is behaving appropriately or misbehaving.
6. Arrange legitimate means for learner to signal for help.
7. Direct learner's attention toward those learners who are working on their own.
8. Hold problem-solving classroom meetings; non-judgmental, open honest discussion, directed toward getting learner(s) to work on their own.
9. Give reasons; "Are you doing this because..." helping the learner to identify which need is being met.
10. Send notes to learners about their appropriate or inappropriate behavior.

Academic Modifications

1. Assign peer to help learner (peer tutoring).
2. Review expectations for listening skills,
3. Teach how to ask questions.

Class Structure/Environment Modifications

1. Allow learner to ask only a certain number of questions per hour; keep track.
2. Tell learners what you will accept/not accept in terms of interruptions.
3. Assign points/bonus points for independent work.
4. Give learner chance to appropriately seek attention; possible reward; let them help around the room.
5. Change seating location.
6. Monitor number of times behavior occurs; show this information to learner.
7. Have the learner self-monitor behavior and compare to teacher.
8. If possible, allow learner to sit in separate area for "time out".
9. Check out extra curricular option for learner.
10. Provide X number of tabs to the learner to use each day whenever s/he wishes to speak to the teacher, when tabs are gone, no more opportunities for talking to the teacher.

ATTENTION SPAN CONCERNS

Intervention Strategies:

Communication Techniques

1. Keep close physical proximity: touch learner on shoulder, if appropriate.
2. Ignore learner's inappropriate attention seeking behavior whenever possible; get class to ignore as well.
3. Indicate what the consequences are for not working (cue learner every once in awhile).
4. Have learners paraphrase back to you general expectations of class.
5. Set the attention of learners before you begin explanations.
6. Set up informal contract with learner to decrease off-task behavior and to increase on-task behavior.
7. Signal interference – use facial expressions, body language – movement to indicate to learner that s/he is misbehaving, or behaving appropriately.
8. Arrange means for learner to signal for help.
9. Hold problem-solving classroom meetings – non-judgmental, open honest discussion, directed toward finding a solution.
10. Give reasons.
11. Don't assume learners know the meaning of even the most commonly used words.

Academic Modifications

1. Change activities – vary the type of activity whenever possible.
2. Read aloud to learners as part of class activity.
3. Write things on black/whiteboard and other displays.
4. Use small group instruction.
5. Use overhead.
6. Use colored chalk or colored markers.
7. If appropriate, use current events and real life examples.
8. Do demonstrations whenever possible.

Class Structure/Environment Modifications

1. Walk around the room.
2. Set clear classroom expectation: rules, reinforces, consequences; refer to these expectations frequently; post them around the room.
3. Assign points/bonus points for behavior that you want to increase.
4. Monitor number of times/minutes the learner is off-task/on-task – show learner this information, and have the learner self-monitor their own behavior.
5. Be alert to problems – praise learners who persist in the face of these problems.
6. Use small groups – have something to do if they finish before the rest.

INTERACTION WITH PEERS CONCERNS

Intervention Strategies:

Communication Techniques

1. Try role-playing or role reversal; have the learner play to role of teacher.
2. Physically separate learner.
3. Use humor to defuse situation.
4. Ignore learner when possible; get class to ignore.
5. Confront learner's behavior 1:1 and do not embarrass in front of others, "That kind of behavior is not allowed in here..."
6. Set up a 3-way to discuss behavior (you, learner and one person not involved).
7. Describe learner's behavior to him/herself –alone or in a small group setting.
8. Take threats seriously – confront learner.
9. Keep or monitor log of appropriate/inappropriate behavior – show the learner the data.
10. Send positive communication home – they can do wonders.
11. Notice and comment when s/he is having a good day. Catch the learner being good.
12. Give learner choices. "You may work on your report, or study for the quiz."
13. Have learners paraphrase back general expectations of the class.
14. Maintain close physical proximity (touch, only if appropriate).
15. Signal interference when learner is misbehaving (facial expressions, body language).
16. Be alert to problems – praise learners who persist in the face of these problems.
17. Arrange means for learners to signal for help.
18. Send notes to learners themselves about their appropriate or inappropriate behavior.

Academic Modifications

1. Use small groups – have something to do if they finish before the rest.
2. Don't assume learners know the meaning of even the most commonly used words.
3. Include a variety of activities whenever possible.

Class Structure/Environmental Modifications

1. Include class members in a discussion of setting up behavior rules, guidelines; post these on the walls; refer to them often.
2. Make sure learners are aware of building and classroom policies concerning behavior.
3. Use building support staff to assist.
4. Create and maintain consistent routine – establish high expectations.
5. Use peer group pressure to manage behavior when appropriate.
6. Tape record acting out, play back to learner (Must consult with parents first).
7. Set up informal contract with learner to decrease inappropriate behavior or increase appropriate behavior. Count behaviors and review information with learner.
8. Ask that learner's schedule be changed. Try to break up disruptive groups.
9. Assign points/ bonus points for behavior that you want to increase.
10. Walk around the room
11. If possible, allow learner to sit in separate area for "time out".
12. Hold problem-solving classroom meetings – non-judgmental, open honest discussion, directed toward finding a solution.
13. Be by the door when the learners enter.
14. Put teacher's desk near the door.
15. Begin class when the bell rings.

RELATIONSHIPS CONCERNS

Intervention Strategies:

Communication Techniques

1. Use direct eye contact (nonverbal, non-threatening communication). Do not block or “corner” learner, stand with shoulders at an angle.
2. Use a quiet and calm voice tone.
3. Draw learner out in non-threatening way. Acknowledge presence with head nod, etc.
4. Talk to learner after class regarding class activities, etc.
5. Gradually build up trust – respect feelings, situations.
6. Maintain close physical proximity (touch, only if appropriate).
7. Use words of encouragement.
8. Acknowledge any response in a positive way.
9. Respond to what learner says in as positive a way as possible.
10. Keep a log of appropriate participation – show to learner to indicate progress.
11. Set up informal contract with learner to increase participation in class activities.
12. Send positive communication home, or make a positive phone call.
13. Make sure to refer unusually depressed learners to school team (SAT or TAT).
14. Arrange means for learner to ask for help.
15. Be by the door when learners enter.
16. Send notes to learners about their appropriate behavior.
17. Don’t assume learners know meaning of even most commonly used words.

Academic Modifications

1. Let learner substitute written for oral assignment.
2. Let learner tape oral presentation instead of presenting it to the whole class.

Class Structure/Environmental Modifications

1. Build activities into lesson plan that encourage interaction.
2. Encourage cooperative learning in the classroom – small group, activities in pairs, etc.
3. Walk around – offer help – sit by learner’s desk if s/he is comfortable.
4. Give opportunities for learners to make choices.
5. Assign points/ bonus points for participation.
6. Be alert to problems – praise learners who persist in the face of these problems.
7. Have something for learners to do if they finish before the rest.
8. Check out extra curricular options for a learner – athletics, debate, art, etc.
9. Put learner near a friend and/or potential friends.

CLASS INVOLVEMENT CONCERNS

Intervention Strategies:

Communication Techniques

1. Make rules positive.
2. Allow learner 3 to 6 additional seconds to process and respond.
3. Demonstrate ignoring with verbal expression, "I am going to ignore those noises, I hope you can too." Get class to ignore.
4. If learner frequently goes to nurse, acknowledge illness, but postpone permission to leave room.
5. Tell learners to raise hands without calling out – you will get to them.
6. Send positive communication home.
7. Signal interference – use facial expressions, body language, movement to indicate to learner s/he is misbehaving.
8. Ask for and give reasons.

Academic Modifications

1. If appropriate, take advantage of current events, use real life examples.
2. Don't assume learners know the meaning of even the most commonly used words.

Class Structure/Environment Modifications

1. Set realistic positive expectations.
2. Ignore attention-seeking behavior when possible.
3. Give attention to the learner who is not demanding it. Catch learner being good.
4. Use peer pressure – get the class to ignore misbehavior.
5. Assign bonus points for independent behavior, or for working all hour.
6. Walk around the room.
7. Maintain close physical proximity (touch, only if appropriate).
8. Set up informal contract with learner to decrease inappropriate behavior and increase appropriate behavior.
9. Monitor number of times behavior occurs – show learner this information.
10. If possible, allow learner to sit in separate area for "time out".
11. Be alert to problems – praise learners who persist in the face of these problems.
12. Direct learner's attention toward learners who are behaving appropriately.
13. Use small groups – have something fun for learners to do if they finish before the rest.
14. Try and shape behavior – a little change at a time. Don't expect learner to be perfect all at once.

CONCERNS REGARDING FOLLOWING SCHOOL RULES (INCLUDING UNSTRUCTURED AREAS)

Intervention Strategies:

Communication Techniques

1. Have learners paraphrase back general expectations of the class and/or school.
2. Give learner a choice with clear consequences for each choice and reasonable time to choose.
3. Send positive communication home.
4. Signal interference – use facial expressions, body language – movement to indicate to learner s/he is misbehaving.
5. Arrange some means for learners to signal for help.
6. Send notes to learners about their appropriate or inappropriate behavior.

Class Structure/Environment Modifications

1. If possible, schedule after school/lunch time detention, or keep learner with you doing lunch time/after school, as a consequence for not following rules.
2. Use the Restitution process.
3. Assign overly-active learners jobs or tasks around the room – use these as rewards for sitting in seat.
4. Allow learner chance to walk around if not disruptive – lavatory pass, library pass, or in your own room.
5. Identify with the learner that the behavior is good in very specific situations, and note those situations when it could improve.
6. Assign points/ bonus points for behavior that you want to increase.
7. Keep a log of, or monitor learner's response to, classroom and school rules. Show the data from this log to learners and/or parents.
8. Set up informal contract with learner to decrease inappropriate behavior and/or increase appropriate behavior.
9. If possible, allow learner to sit in separate area for "time-out".
10. Hold problem-solving classroom meetings – non-judgmental, open, honest discussion, directed toward finding a solution.
11. Define rules, rewards, and consequences; include learners in setting up behavior rules as appropriate. Post guidelines for class on wall. Refer to these consistently.
12. When necessary, ask learner to leave the room. Ask for a third person to work with you to set up agreement for learner to return to your classroom.

CONCERNS REGARDING INTERACTION WITH AUTHORITY FIGURES

Intervention Strategies:

Communication Techniques

1. Try not to overreact.
2. Use a quiet and calm voice tone to avoid escalation.
3. Give learner a choice with clear consequences for each choice and reasonable time to choose.
4. Don't debate; acknowledge learner's position, apply rules, apply consequences, move on.
5. Use planned anger – at strategic times.
6. Bring up issues of mutual respect.
7. Have learners paraphrase back general expectations of the class.
8. Send positive communication home. Catch learner being good.
9. Signal interference – use facial expressions, body language – movement to indicate to learner s/he is misbehaving.
10. Be alert to problems – praise learners who persist in the face of these problems.
11. Send notes to learners themselves about their appropriate or inappropriate behavior.

Academic Modifications

1. Spot-check whether learners comprehend material and directions.
2. Make sure learners understand exactly what the task is that is required.
3. Schedule a time to talk about an incident after tempers have cooled.
4. Give learner choices...allow learner a way to save face.
5. If possible, allow learner to sit in separate area for "time out".
6. Schedule a specific time outside of class to talk to a learner about his/her behavior.
7. Give learner option to stop disruptive behavior or leave the room. Follow up with Director of Education, Executive Director, or the Special Education teacher (possible 3-way) to set conditions for re-entry; include home if possible.
8. Assign points/ bonus points for behavior that you want to increase.
9. Keep a log of or monitor appropriate/inappropriate interaction with authority figures – share with learner, if appropriate.
10. Set up informal contract with learner to decrease inappropriate behavior and/or increase appropriate behavior.
11. Identify with the learner that the behavior is good in very specific situations, and situations in which the learner's behavior must improve.

CONCERNS REGARDING COPING WITH FRUSTRATIONS AND STRESS

Intervention Strategies:

Communication Techniques

1. Praise learner for work done, even if not perfect.
2. Notice what writing instrument learner is using – suggest pencil.
3. Set up ways to cue learners – non-verbal indications that you recognize their frustration.
4. Talk to learner quietly about ritualistic behavior: rocking, pencil tapping, etc. Set up ways to cue him/her.
5. Have learners paraphrase back general expectations of the class.
6. Maintain close physical proximity (touch, if appropriate).
7. Send positive communication home.
8. Make sure to refer depressed, hopeless learners to school team (SAT or TAT), or other school support staff.
9. Arrange with learner a way to signal for help.
10. Ask questions and give reasons.
11. Send notes to learners about their appropriate behavior.
12. Call for help –support staff, hallway aides, Principal, etc.
13. Make referrals to school team (SAT or TAT) for immediate attention.

Academic Modifications

1. Don't assume learners know the meaning of even most commonly used words.
2. Suggest learner work on a different assignment.

Class Structure/Environment Modifications

1. Keep learner's work – show to learner as class goes on to demonstrate progress.
2. Encourage learner to arrange to spend extra time in room to keep up with assignments.
3. Assign points/ bonus points for self-control, completing a difficult task.
4. Walk around the room.
5. Set up informal contract with learner to decrease inappropriate behavior and/or increase appropriate behavior.
6. Be alert to problems – praise learners who persist in the face of these problems.
7. Use small groups – have something for learners to do if they finish before the rest.
8. Be by the door when learners enter.
9. Don't put self in danger.
10. Give learners opportunity to express anger at another time – not during class.
11. Arrange with learners the chance to leave and talk to someone when they feel they will explode. Get them to predict ahead of time when this might occur.
12. Make arrangements for a place that learner can go to cool off.
13. Take verbal threats seriously – indicate you will not bail him/her out if a fight develops.
14. Maintain close physical proximity (touch, only if appropriate).

PRE- INTERVENTION
Minimum of 6-8 weeks- May be part of an RtI Process

Name: _____ Grade: _____ Birth date: _____
School: _____ Teacher:: _____ Today's Date: _____

I. BACKGROUND INFORMATION

Information from cum file, report cards, standardized testing:

Background factors which may have affected learning or behavior, e.g., primary language, absenteeism, # of discipline infractions:

Information from staff members, parent/guardian, outside agencies:

II. Current Levels of Performance (Baseline Data): (Test Scores, % off task, etc.)

III. AREAS OF STRENGTH

Things the student enjoys or is good at:

PRESENTING CONCERNS

Reading Speech Behavioral
 Written Lang Oral Lang Emotional
 Math Gross Motor Social Interaction
 Vision Fine Motor Attention
 Hearing Health Functional (routine self-help skills)
 Other: _____

Description of Intervention I Date:

Level of Performance Post Intervention -Includes benchmark data

Date Reviewed:

Description of Intervention II

Date:

Level of Performance Post Intervention-Includes benchmark data

Date Reviewed:

A. Improvement Shown – Continue Pre-referral Intervention

B. No Improvement Shown-Begin referral process/Attach this form with Sped Referral

PLEASE CONTACT THE SCHOOL NURSE/HEALTH AIDE/PARENT TO COMPLETE THE INFORMATION REQUESTED IN THIS SECTION.

School Nurse/Health Aide/Parent: _____ **Date:** _____

Chronic health concerns or problems:

Medications/Treatments:

Circle Yes or No:

- | | | |
|------------|-----------|---|
| YES | NO | Has a history of chronic middle ear dysfunction or failed hearing screenings. |
| YES | NO | Requires amplification (hearing aide, auditory trainer, etc.) |
| YES | NO | Has been prescribed corrective lenses. |

Are there health/medical concerns/conditions affecting strength endurance, alertness, or organization in the classroom? If so, explain: _____

Please list most recent vision and hearing screenings:

VISION SCREENED BY: _____ **DATE:** _____ **HEARING SCREENED BY:** _____ **DATE:** _____

INTERPRETERS FOR ENGLISH LANGUAGE LEARNERS AND THEIR FAMILIES

1. Learners referred for special education evaluation whose primary language is other than English may require an interpreter for interviews or during evaluation procedures. Consult the ***Resource Manual for the Assessment and Identification of Limited English Proficient Students with Special Education Needs*** for guidance on determining the need for an interpreter and appropriate use of an interpreter.
2. Remember to invite ELL staff when a learner whose primary language is other than English is referred to the Child/Student Study Team.
3. Refer to the Minnesota Department of Education's (MDE) website for updated resources, translated forms and additional guidance.

REFERRAL- EVALUATION CONSIDERATION

Referral is a formal process for reviewing information related to children and youth who are suspected of having disabilities and show signs of potentially needing special education services. It includes examining pre-referral intervention results and other learner information to make a decision about whether or not to conduct a formal evaluation.

School age learner referrals are begun by completing the district's *Student Pre-Referral/ Intervention/Referral Profile*. After a referral is submitted and before conducting an evaluation, the Child/Student Study Team shall conduct a review of the learner's performance in the following areas:

- Intellectual functioning
- Academic performance
- Communicative status
- Motor ability
- Sensory status
- Physical status
- Emotional and social development
- Behavioral and functional skills, and
- Vocational potential (Grade 9 or older)

Student Referral Profile

For learners experiencing difficulty in school and may require additional support.

PART A *** LEARNER INFORMATION

Learner's Name: _____
MARSS ID #: _____
Parent/Guardian #1: _____
Home Phone #1: _____
Work Phone #1: _____
Cell Phone #1: _____
E-Mail: _____

School: _____
Teacher/Team: _____
Resident District: _____
Primary Language Spoken at Home: _____
Grade: _____ Birth date: ___/___/___ M F
Parent/Guardian #2: _____
Home Phone #2: _____
Work Phone #2: _____
Cell Phone #2: _____
E-Mail: _____

PART B *** REFERRAL INITIATION INFORMATION

Referred By: _____ Form completed by: _____
Date parent notified of this referral: ___/___/___ By: Letter Conference Phone Call
Current support services: Title I Reading Recovery Counseling
English Language Learner (ELL) Other: _____

PART C *** PRESENTING CONCERNS

<input type="checkbox"/> Reading	<input type="checkbox"/> Speech	<input type="checkbox"/> Behavior	Parent Concerns: _____ _____ _____ _____
<input type="checkbox"/> Emotional	<input type="checkbox"/> Oral Language	<input type="checkbox"/> Written Language	
<input type="checkbox"/> Math	<input type="checkbox"/> Gross Motor	<input type="checkbox"/> Social Interaction	
<input type="checkbox"/> Vision	<input type="checkbox"/> Fine Motor	<input type="checkbox"/> Attention	
<input type="checkbox"/> Hearing	<input type="checkbox"/> Health	<input type="checkbox"/> Function (Routine, self-help skills)	
<input type="checkbox"/> Lack of instruction in Reading or Math	<input type="checkbox"/> Other: _____		

PART D *** BACKGROUND INFORMATION

Need for Interpreter or Translator

Previous evaluations or services from school or community agencies: Other: _____
 Developmental Academic Emotional Behavioral Medical Transition

CST/SST Review Outcome:

TO BE COMPLETED BY TEAM LEADER

- Continue with general education modifications/interventions
- Implement new general education modifications/interventions
- Assess/Reassess
- Assessment not appropriate at this time. Reason _____
- Additional information needed

CST/SST Chair Signature

Date Reviewed by CST/SST

Referral to be initiated AFTER interventions have been attempted!

INSTRUCTIONS: For each area of functioning listed below, please rate this learner's performance as compared to his or her grade level peer group. Please note concerns at the bottom of this page.

INTELLECTUAL FUNCTIONING

WELL BELOW AVERAGE		AVERAGE		WELL ABOVE AVERAGE	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	

- Vocabulary
- Reasoning
- Demonstrates average memory skills
- Understands basic directions
- Retains concepts taught and mastered over time
- Demonstrates average rate of learning
- Uses knowledge of age-appropriate factual information
- Applies learned skills and concepts to new tasks
- TRANSITION AREA (for learners 14 year of age or older)
- Generalizes learned information to situations in daily life

ACADEMIC PERFORMANCE

WELL BELOW AVERAGE		AVERAGE		WELL ABOVE AVERAGE	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	

- Reads grade level sight vocabulary
- Uses word attack skills for reading
- Understands material read to her or him
- Understands material read independently
- Calculates numbers at grade level
- Applies math skills in problem-solving situations
- Writes complete sentences: uses capitalization/punctuation/spelling
- Communicates ideas in written form
- TRANSITION AREA (for learners 14 year of age or older)
- Applies basic reading skills to situations in daily life
- Applies basic math skills to situations in daily life

COMMUNICATIVE STATUS

WELL BELOW AVERAGE		AVERAGE		WELL ABOVE AVERAGE	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	

- Speaks clearly (without articulation errors)
- Speaks fluently (without stuttering)
- Uses appropriate voice quality
- Uses complete and grammatically correct sentences
- Tells a story or describes an event in a logical sequence
- Responds to content area questions and participates in discussions on an equal basis with peers
- Follows written and oral instructions
- Can express ideas clearly
- TRANSITION AREA (for learners 14 year of age or older)
- Performs a job interview
- Sets an appointment by phone

PLEASE REPORT ANY OTHER ENGLISH PROFICIENCY MEASURES:

MOTOR ABILITY

WELL BELOW AVERAGE		AVERAGE		WELL ABOVE AVERAGE	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	

- Demonstrates appropriate gross motor skills
- Prints/writes legibly
- Copies appropriately from chalkboard to paper
- Reacts appropriately (i.e., doesn't overreact) to sensory stimuli such as touch, noise, movement, bright light
- Demonstrates age-appropriate ability to hold pencil, use scissors, etc., in organizing and manipulating school materials
- Demonstrates appropriate strength and endurance in motor tasks
- Functions without adaptive/corrective equipment

If #1 or #2 is circled for any statement, please elaborate on areas of concern
 Prepared by *Designs for Learning* staff 2 of 25

Referral to be initiated AFTER interventions have been attempted!

INSTRUCTIONS: For each area of functioning listed below, please rate this learner's performance as compared to his or her grade level peer group. Please note concerns at the bottom of this page.

EMOTIONAL & SOCIAL DEVELOPMENT

WELL BELOW AVERAGE		AVERAGE		WELL ABOVE AVERAGE		
1	2	3	4	5		
1	2	3	4	5		Makes and keeps friends
1	2	3	4	5		Compromises and negotiates
1	2	3	4	5		Accepts the consequences of own behavior
1	2	3	4	5		Makes age-appropriate choices
1	2	3	4	5		Expresses emotions appropriately
1	2	3	4	5		Emotional Comfort (mood swings, anxiety, depression, etc.)
1	2	3	4	5		Interacts appropriately with peers
1	2	3	4	5		Interprets social cues
YES					NO	Has been a concern of chemical abuse
YES					NO	Interacts appropriately with adults
YES					NO	Concerns of self injury
WELL BELOW AVERAGE		AVERAGE		WELL ABOVE AVERAGE		
1	2	3	4	5		
1	2	3	4	5		TRANSITION AREA (for learners 14 year of age or older)
						Has the emotional/social skills to function in the community

BEHAVIORAL SKILLS

WELL BELOW AVERAGE		AVERAGE		WELL ABOVE AVERAGE		
1	2	3	4	5		
1	2	3	4	5		Uses class time appropriately
1	2	3	4	5		Usually arrives on time and is prepared
1	2	3	4	5		Shows age-appropriate impulse control
1	2	3	4	5		Stays "on task"
1	2	3	4	5		Respects the property/space of others
1	2	3	4	5		Uses language acceptable to the situation
1	2	3	4	5		Manages or completes classroom tasks within routine timeline
1	2	3	4	5		Works/studies unsupervised
1	2	3	4	5		Follows school rules and teacher requests
1	2	3	4	5		Sits and remains seated to finish a task
1	2	3	4	5		Requests assistance appropriately
YES					NO	Dishonest: lies, cheats, or steals
YES					NO	Verbal aggression
YES					NO	Physical aggression
						(Complete ONLY if concerns exist in this area)

Psychologist/Student Services/Counselor/Dean
Name and description of involvement: _____

FUNCTIONAL SKILLS

WELL BELOW AVERAGE		AVERAGE		WELL ABOVE AVERAGE		
1	2	3	4	5		
1	2	3	4	5		Follows 2-3 step directions
1	2	3	4	5		Carries out self-care skills independently
1	2	3	4	5		Participates appropriately in large and small groups
1	2	3	4	5		Finds locations in school/community independently
1	2	3	4	5		Uses clock, calendar, money, measurement tools and telephone in age-appropriate manner
1	2	3	4	5		Adapts to unexpected changes in routines and schedules
1	2	3	4	5		Gives self-identification information (i.e., address, phone number, birth date, etc.) in an age-appropriate manner

If #1 or #2 is circled for any statement, please elaborate on areas of concern: _____

SURROGATE PARENT PROCESS AND GUIDELINES

DEFINITIONS

Parent is a legal guardian, adoptive parent, foster parent (unless prohibited by the state), guardian (unless child is a ward of the state), individual acting in the place of the parent (e.g., grandparent, stepparent, or other relative) with whom the child lives.

Surrogate parent is a person appointed by the providing school district to ensure, by intervening on behalf of the pupil, that the rights of the pupil to a free and appropriate education are protected. The surrogate parent shall not be a person who receives public funds to educate or care for the child. However, a foster parent may serve as surrogate parent if appointed and no conflict of interest exists.

EFFORT TO LOCATE PARENT

Reasonable efforts shall be made to locate the parent or legal guardian (see definition). These may be made through documented phone calls, letters, registered letters with return receipts, and visits to the parent's last known address. If a parent cannot be reached, a surrogate parent will be appointed.

CHILDREN WHO NEED SURROGATE PARENTS

Under Federal Law and Minnesota's Rules, these groups of learners with disabilities between the ages of 0 (birth) to 18* are eligible to have surrogate parents appointed to represent them:

1. wards of the state (those under state guardianship);
2. those whose parent's rights have been terminated;
3. those whose parents are unknown and unavailable;
4. those whose parents have requested in writing appointment of a surrogate parent.

*For those under state guardianship, learners from 18 to 21 will be eligible for a surrogate parent.

--A parent can be considered "unavailable" when their identity or location is known but they are unable or unwilling to participate and request that a surrogate parent be appointed in their stead.

--When an "unavailable" parent refuses consent for the appointment of a surrogate parent, the district shall go to hearing to secure permission for initial assessment or initial placement of a pupil.

--These children may be living in: foster homes, public or private group homes, state hospitals, correctional facilities, residential treatment centers, or with other non-family members.

--If a child has a guardian (or limited guardian, called a conservator under Minnesota law) acting on his or her behalf, then a surrogate parent is not needed. Also, if someone - such as a grandparent - is "acting" as the child's parent at the request of the natural parent, this child does not need the appointment of a surrogate parent.

--The School District shall make a reasonable effort to appoint a surrogate within 30 days

CONSULTATION WITH COUNTY SOCIAL SERVICES

The district shall consult the county social services office before appointing the surrogate parent when a pupil is a ward of the commissioner of human services.

SURROGATE PARENT QUALIFICATIONS

Most often a surrogate parent is either a foster parent or a volunteer from the local community. A surrogate parent is usually assigned to an eligible child through a letter from the local school district serving the child. This appointment can be for a year or “open-ended” with annual review.

To meet the state and federal regulation requirements, a surrogate parent must:

1. have no conflicting interest with the child being represented;
2. not be an employee of a public agency involved in the care or education of the child (such as a county welfare worker, teacher, or group home director);
3. have the skills and knowledge to adequately represent the child;
4. know state and federal requirements, school district procedures and the nature of the child’s disabilities and needs. If needed, the surrogate will take some training to acquire this information.

Foster parents may be surrogate parents if they meet the criteria above and are officially appointed (and trained, if needed). Foster parents are NOT automatically considered surrogate parents.

Although not a legal requirement, it is best if the surrogate parent and child share a similar background, such as race or culture.

Some other qualities of an ideal surrogate parent are: a commitment to learning about the child’s educational needs and the special education system he or she is enrolled in, and the ability to communicate constructively and effectively with school personnel.

There are three categories of surrogate parents; foster parents, volunteers recruited from the local community, and a natural parent when the child is a ward of the state and the parent is still actively involved in the child’s program/activities.

PROCEDURES FOR REQUESTING APPOINTMENT OF SURROGATE PARENT

1. A surrogate parent is appointed by the School Board on a yearly basis. Contact the appropriate person for your school if you need the surrogate parent to participate as a team member.

Note: *Training Manual for Surrogate Parents* is available from PACER:
<http://www.pacer.org/publications/surrogate.asp>

SURROGATE PARENT KNOWLEDGE AND SKILLS

The district shall either make the information and training available to the surrogate parent or appoint a surrogate parent who has all of the following knowledge and skills:

- A. state and federal requirements;
- B. district structure and procedures;
- C. nature of the pupil’s disability and needs; and
- D. an ability to effectively advocate for an educational program appropriate for the pupil.

SURROGATE PARENT APPOINTMENT REQUEST

DIRECTIONS: Use to document need to request appointment of surrogate parent.

Learner: _____ Date: _____

School: _____ Submitted by: _____

1. Student living with (check)
____ Foster Parent(s) ____ Other (Specify :) _____
____ Group Home

2. Status of natural parents (check)
____ Ward of state/parents' rights terminated
____ Under custody of the county, parental rights not terminated
____ Parental location unknown or out of state ____ Parent(s) unavailable

3. Reason for Appointment of Surrogate Parent

A. Unknown or unavailable parent(s) (check all that apply and date)

____ Contacts made with County Human Services
Name and Phone # of County Worker: _____
____ Letters sent to last address
____ Contacts with known relatives
____ Written approval for selecting surrogate parent(s) (Attach)
____ No written approval given for selecting surrogate parent(s)
____ Other (describe): _____

B. Student is ward of state (check all that apply and date)

____ Contacts made with County Human Services
Name and Phone # of County Worker: _____
____ Written court order (Attach copy)
____ Other (describe): _____

C. Parent requests appointment of surrogate parent

____ Parent Permission Form completed _____ (date), (Attach copy)

4. Person(s) requested to be appointed as Surrogate Parent(s):

Name(s): _____ Home Phone: _____
Address: _____ Other Phone: _____

5. Appointment: _____ (Date)

____ Date appointment letter sent to surrogate parent

Dear Parent(s) or Guardian(s):

Date: _____

Your child, _____, is currently attending _____.

It has been brought to the attention of the Special Education Department that your child may need special education assistance to receive the maximum benefit of his/her education. In order to determine the need for such services we need to formally assess your child's needs.

State law requires the school district to involve either the legal parent(s)/guardian(s) or to appoint a surrogate parent to assist with the entire process. We are therefore requesting that you immediately indicate your intentions to us. If it is not possible for you to be involved in your child's special education program, please complete the enclosed form, ***Parent Permission Form for the Appointment of a Surrogate Parent***, so that we may appoint a surrogate parent on behalf of your child. You may revoke this permission at any time that it becomes possible for you to become involved in the special education process. If you have any questions or concerns about this process, please contact me at _____.

Thank you for your prompt attention to this matter.

Sincerely,

Enclosure: Notice of Procedural Safeguards

cc: Due Process File

PARENT PERMISSION FORM FOR THE APPOINTMENT OF A SURROGATE PARENT

I hereby give my permission to have a surrogate parent appointed for my child,
_____. I understand I will retain whatever legal rights I have as the
natural parent and that my permission may be revoked in writing at any time.

A surrogate parent represents a child in all aspects of the educational decision-making process involving the child, including:

- the child's identification as a learner possibly in need of special education services.
- the evaluation or assessment that will be done of the learner to determine his/her individual needs.
- the Individualized Education Program that must be designed for each learner.
- pursuing due process procedures if the surrogate believes the school's plans are wrong or out of compliance with the law.

The surrogate parent receives training on fulfilling this responsibility and is formally appointed by the school district's Director of Student Services. The surrogate may be removed by majority vote of the School Board.

I agree to have the following person(s) as a surrogate parent:

Name: _____

Parent Signature: _____

Date: _____

Return this completed form to:

Special Education Staff: _____

School: _____

Address: _____

Phone Number: _____

Child Study/Student Study Meeting Log

Purpose:

1. To document due process requirements from point of referral through **IEP** implementation on each referred learner.
2. May also be used to track due process requirements from point of IEP meeting notice through **IEP** implementation on learners in non-evaluation years.

Assumptions:

1. There have been prior communications between general education staff and learner's family regarding learning, behavior, sensory or health problems before learner is referred for an initial special education evaluation.
2. There is prior documented pre-referral interventions carried out in general education for learners being considered for an initial special education evaluation.
3. There is the potential for waiver of pre-referral activities when appropriate by Child Study Team (CST) or the Student Study Team (SST) (e.g., when diagnosis of health, physical or sensory problem which may be indicative of an educational disability has been indicated by other appropriate professionals; when parent requests an evaluation because of a concern about a disability and other alternative actions are not determined appropriate).

Maintenance Responsibility:

1. CST/SST's annually shall identify a person to record and maintain **Due Process Log** and will maintain the log in the CST/SST's three ring binder.
2. The **Due Process Log** shall be maintained during the school year in a central and data secure place in each school.
3. At the end of each school year, by June 1, the CST/SST shall carry over pending situations to the next school year's new **Due Process Log**.

Child Study Team Agenda : Date: _____

Members/Attendees

Special Ed staff: _____

General Ed staff: _____

Parents: _____

Administrator: _____

Additional Staff/Consultants: _____

Student to be discussed:

Student Name: _____

Referred by: _____

Has current IEP ___ YES ___ NO

Evaluation Report ___ YES ___ NO

Pre-Interventions Conducted and Documented ___ YES ___ NO

Background Information

Information from cum file, report cards, standardized testing

Background factors which may have affected learning or behavior, e.g., primary language, absenteeism,

of discipline infractions:

Information from staff members, parent/guardian, outside agencies:

Current Levels of Performance (Baseline Data): (Test Scores, % off task, etc.)

VISION SCREENED DATE: _____

HEARING SCREENED DATE: _____

AREAS OF STRENGTH

Things the student enjoys or is good at:

PRESENTING CONCERNS

___ Reading ___ Speech ___ Behavioral

___ Written Lang ___ Oral Lang ___ Emotional

___ Math ___ Gross Motor 2-34 ___ Social Interaction

___ Vision ___ Fine Motor ___ Attention

Hearing Health Functional (routine self-help skills)

Student Name
and referring person

Referral Review Date

Yes Assess/Continue Interventions/ No Assess.

Assess Academic

Assess Social/Emotional/Behavior/BASC

Assess Cognitive/Intellectual

Assess Attention Skills

Assess Speech/Language

Assess/Review Sensory

Assess/Review Motor

Assess/Review Health and Physical Status

Assess Functional Skills/SIB

Assess Transition

Assessment Case Manager

Permission Sent (date)

Permission Received (date)

Does or Does Not Qualify

Date of ESR/ IEP meeting

Resident District

Qualifies for (SE services)

