

SOUTHWEST WEST CENTRAL SERVICE COOPERATIVE

SWWC

Education & Administrative Resources

Educational Learning Center

Student Information Packet

What to Expect When Referring to SWWC's Educational Learning Centers

Criteria for Consideration of Services

- Student must meet Minnesota Special Education Disability Criteria.
- Student must have a **current** Individual Education Plan (IEP) including a Positive Behavior Support Plan (PBSP) or Behavior Intervention Plan (BIP).
- Student must have a specific goal related to the student's behavioral needs.
- Student must have a **current** Evaluation Report (ER) including a **Functional Behavior Assessment (FBA)**.
- Student must exhibit an educational need for a Federal Setting IV program and have been serviced at least 60% of the school day in a special education setting (i.e. Federal Setting III).

Referral Process Steps

- If receiving SpEd Services from SWWC**, notify your Director/Assistant Director of Special Education of the need for a referral. The Director/Assistant Director of Special Education will complete the online SWWC Referral Form.
- If NOT receiving SpEd Services from SWWC**, please fill out the ELC Referral Packet and fax it in to the ELC of your choice to be placed on the ELC Referral List.
- Call the specific ELC Program Contact. The Program Contact will discuss current placement options and ask for some preliminary information.
- Make sure all necessary parties have been notified of the referral:
 - Legal guardian
 - Resident school district (the district in which the legal guardian lives)
 - If a SWWC school, the signature of the Director/Assistant Director of Special Education is needed on the ELC Program Referral Form
- It is best practice to obtain consent from the student's legal guardian and other outside professionals who will provide information during the referral process prior to submitting the Student Information packet & proceeding with the new referral process.
 - Obtained the ELC consent form.
 - Legal guardian signed the ELC consent form.
- Complete the ELC Student Information Packet:
 - Social and Medical History Form
 - Behavior Analytic Service Interview Form
 - Special Education Transportation Request

- Gather and send the following information: Current IEP and must include the following:
 - Prior Written Notice (PWN) for Current IEP
 - Parental Consent/Objection for Current IEP (need legal guardian signature included)
 - All Progress Reports since the last IEP
 - Current Evaluation or Re-Evaluation Report (with team signatures) and must include the following:
 - Functional Behavior Assessment (FBA)
 - Prior Written Notice (PWN) for Evaluation/Re-Evaluation Report
 - Parental Consent/Objection for Evaluation (need legal guardian signature included)
 - Current Positive Behavior Support Plan (PBSP) or Behavior Intervention Plan (BIP)
 - School Transcripts
 - Statewide Testing Scores
 - Student Discipline Records (e.g. Incident Reports, Office Referrals, etc.)
1. All the records will be reviewed by the Transition Case Manager and other necessary Program Team members at the ELC you have indicated as the program of choice.
 2. The Transition Case Manager will contact you, after reviewing the paperwork, about setting up an observation of the student in their current setting. **Please keep in mind that it may take a maximum of one to two weeks to review all information and schedule an observation.**
 3. Following the observation, the Transition Case Manager and the Program Team will reconvene to discuss if the Program Team members find that the student fits criteria for a Federal Setting IV.
 4. If the Program Team finds that the student fits criteria for a Federal Setting IV, the Transition Case Manager will call the referring party about setting up an IEP meeting to discuss a Federal Setting change and a tour of the program. **Please keep in mind that it will take a minimum of a week to set a date for the IEP meeting with ELC staff due to related staff not being in the building daily.**
 5. During the IEP meeting, if the team determines that the student will be serviced in a Federal Setting IV, the following will need to occur:
 - a. PWN reflecting the team discussing a Federal Setting IV placement.
 - b. Amend the IEP (e.g. service grid, etc.) to reflect the Federal Setting IV placement.
 - c. Amend the PBSP or BIP during the IEP meeting to fit interventions available at the specified ELC.
 - d. Determine a start date. This will depend on multiple things; if staff need to be hired, training for staff, and setting up transportation. **Please keep in mind that the above start date may be one to two weeks after the IEP meeting has been held.**

Before any student can attend any ELC, the IEP needs to be changed to a Federal Setting IV placement and the PWN needs to be signed by the legal guardian and in the hands of the Program Team at the ELC prior to the determined start date.

Date:

Student Name:

What are the student's transportation needs?

What are the dates of the Current IEP and ER?

Does the student have a Positive Behavior Intervention Plan or Behavior Intervention Plan?

Yes

No

Unsure

What does the student currently have for a behavioral goal?

What are the current behavioral concerns?

Does this student receive school-based mental health services?

Yes

No

Unsure

Name of Mental Health Therapist:

Does this student receive mental health services outside of the school day?

Yes

No

Unsure

Name of the Mental Health Therapist:



Social and Medical History Form

Birthplace:

Family Structure (Parents, Step-Parents, Siblings, Adoptive Parents, etc.):

Places the student has lived:

Who does the student live with? Do they live in a group home?

What County does the student live in?

Does the student and family obtain County Services? What services?

Does the student have a County Appointed Social Worker? Yes No Unsure

Name of the County Social Worker?



Does the family have respite services in the home (e.g. personal care assistant, etc.)? Explain.

Does the family have respite services outside of the home? Explain.

Has the student been admitted to outside placement (e.g. for drug rehab, mental health services, medication changes, etc.) or a group home in their life? Explain.

Has the student had any outside diagnostic testing or has been diagnosed with any medical conditions (e.g. Autism, ADHD, etc.)? When was the last diagnostic testing? Send the results if possible.

Does the student take any medications? What are they prescribed for?

Does the student have any allergies? Explain.

Has the student been diagnosed with or is currently diagnosed with any medical conditions we should be aware of (e.g. diabetes, dietary concerns, seizures, etc.)?

Are the student's basic needs being met at home (e.g. gets consistent meals, has a bed-time, etc.)?

Behavior Analytic Service Interview Form

(Based on O'Neill, R.E., Horner, R.H., Albin, R.W., Sprague, J.R., Storey, K., & Newton, J.S. (1997). *Functional Assessment and Program Development for Problem Behavior*. Pacific Grove, CA: Brooks/Cole Publishing. & Hanley, G. P. (2009). *Open-Ended Functional Assessment Interview*.)

DESCRIBE THE BEHAVIOR(S)

I. What are the behaviors of concern?

Check all behaviors that apply:					
Aggression:					
Hitting	Kicking	Biting	Head-butting	Pinching	
Other:					
Frequency of behaviors:			Severity of behaviors:		
Daily	Weekly	Monthly	Severe	Moderate	Mild
Self-injurious behavior:					
Hitting a body part:		Biting	Picking or cutting skin		
Cutting off breathing with:		Object or	Hands	Pulling out hair	
Other:					
Frequency of behaviors:			Severity of behaviors:		
Daily	Weekly	Monthly	Severe	Moderate	Mild
Disruptive and unsafe behaviors:					
Screaming	Dropping	Running away	Throwing/kicking/hitting objects		
Other:					
Frequency of behaviors:			Severity of behaviors:		
Daily	Weekly	Monthly	Severe	Moderate	Mild
Does the student engage in repetitive, sensory, or obsessive-compulsive behaviors that interfere with instruction and/or social activities? Yes No					
Explain:					

2. Are there any other behaviors of concern? What do they look like?

3. Which of the behaviors described above occur together (e.g. occur at the same time, occur in a predictable “chain”, occur in response to the same situation)?

4. Has any episode of challenging behavior caused injury to the student, staff, or their peers? If yes, please explain.

DEFINE EVENTS AND SITUATIONS THAT PREDICT OCCURRENCES OF THE BEHAVIOR(S)

1. Time of day: When are the behaviors most and least likely to happen?

Most:

Least:

2. Settings: Where are the behaviors most and least likely to happen?

Most:

Least:

3. Social Control: With whom are the behaviors most and least likely to happen?

Most:

Least:

4. Activity: What activities are most and least likely to produce the behaviors?

Most:

Least:



5. What one thing could you do that would most likely make the challenging behavior occur?

6. What is the student’s most typical response to the following situations? Are the above behavior(s) more likely, less likely, or not affected by the following situations?

Situations	More	Less	Unaffected
Present a difficult task?			
Interrupt a desired activity, task, project, etc.?			
Deliver a “stern” request/command/reprimand?			
Present, but do not interact with the student for 15 minutes?			
Routine changes or a break in a routine?			
Student wants something they are unable to get?			
If the student is alone (no one is around)?			

7. Does the challenging behavior occur when it appears the student won’t get his/her way? If so, describe the things that the child often attempts to control.

8. How do you and others react or respond to the challenging behavior?

9. What do you and others do to calm the student down once he/she engages in challenging behavior?

10. What do you and others do to distract the student from engaging in the challenging behavior?

11. What do you think the student is trying to communicate with his/her challenging behavior?

12. Why do you think the student engages in challenging behavior?

DEFINE THE PRIMARY METHOD(S) USED BY THE STUDENT TO COMMUNICATE

How does the student currently communicate? *(Put an X by all that apply)*

Speaks

Sign
(ASL/Modified)

Pictures/PECS

Augmentative
Device

Other *(gestures, looks at, challenging behavior, no communication):*

1. What does the student communicate *(e.g. wants/needs, to remove non-preferred events, etc.)?*
2. How often does the student communicate *(e.g. frequently, does not initiate communication, etc.)?*
3. What does the student have trouble communicating?
4. If the student is trying to tell or show you something and you don't understand, what will the student do?

5. What communication goals do you have for the student?

ACADEMIC SUCCESSES, DEFICITS, AND SUPPORT NEEDS

1. Does the student excel in any academic areas?

2. Does the student have any academic difficulties?

3. At what grade level is the student at currently when completing academics?

4. What supports are needed for the student currently (e.g. modifications to work, access to additional resources, paraprofessional support, etc.)?

BARRIERS TO LEARNING

Check all that the individual has trouble demonstrating:

- | | |
|---|--------------------------------------|
| Leaving preferred events/people | Waiting for a preferred event/person |
| Transitioning to less preferred events/people | Accepting "no" |
| Completing instructional tasks without challenging behavior | |

MOTIVATION

1. What are some things the student likes?
2. What does the student like to spend their time doing?
3. What does the student's schedule look like currently during the day?
4. How does the student earn things they like and how often does the student earn these things?

Special Education Transportation Request

Complete this form annually and whenever changes in transportation arrangements occur.

The special education case manager completes this form and routes to all of the following:

- Bus Company
 MARSS Staff
 Business Manager
 MA Billing Coordinator
 Other _____

Person Completing Form: _____ Title: _____

Phone Number: _____ Building: _____

Date Completed: _____

_____ requires specialized transportation as determined by
 [Student Name] his/her IEP team on _____ [date].

MARSS – use transportation category 03.

UFARS – use finance code 723.

MA Billing – follow process to determine if child is MA eligible and then determine if transportation is a billable expense.

Order Request:

New

Change Order

Cancel Order

Student & Parent Information

Student Name:

Grade:

Address:

Home Phone:

City, State ZIP:

Primary Contact:

Cell Phone:

Work Phone:

E-mail 1:

E-mail 2:

Secondary Contact:

Home Phone:

Cell Phone:

Work Phone:

E-mail 1:

E-mail 2:

Order Details

Transportation to **START** on [date]:

Transportation to **STOP** on [date]:

Time [School hours]:

Days Attending:

Daycare Address:

Daycare/Other Contact Person:

Daycare/Other Phone:

Pick Up & Drop Off Locations

Student is to be picked up at:

- Home
- Daycare
- Other (ex. Private school)

Student is to be dropped off at:

- Home
- Daycare
- Other (ex. Private school)

Special Instructions:

- Seat belt
- Ramp/Lift
- Bus Aide/PCA
- Curb to curb
- Torso Support
- Wheel Chair W/Fasteners
- Positive Behavior Support Plan
(provide copy of PBSP to driver)
- Other _____

Is **adult supervision** required at home when student is dropped off? Yes No

If yes, parent understands that if no one is home to receive, the child may be taken to the police station.

Medical Information:

Conditions: _____

Medications _____

Physician _____

Phone: _____

This information was verified with parent on _____ [date] by

_____ [staff member name].