

Telephone: 906-863-5665



Fax: 906-863-7776

1201- 41st Avenue
Menominee MI 49858
Http://mc-isd.org

INITIAL REFERRAL DOCUMENT CHECKLIST

Student's Name _____ Today's Date: _____

Please complete the forms listed below, and attach supporting school records and forward all documents to the ISD:

____ Parent Consent

____ Referral Form

____ REED

____ Invitation to attend REED meeting

____ Medicaid Consent

____ Release of Information (if applicable)

____ Prescription Form (if applicable, for Speech, PT, OT, Orientation and Mobility and Personal Care Services)

____ Learning Disabilities Checklist (if applicable)

____ Complete one of the below Student Studies

____ Student Study Data Sheet

____ Speech & Language Student Study Data Sheet

____ Procedural safeguards

Special Ed Teacher Assigned as Case Manager:

Please contact the Special Education Director (863-5665, x1012) with any questions or concerns.

INITIAL REFERRAL FORM

Carney-Nadeau Stephenson Menominee North Central Headstart

Date of Referral:		Student's Name:		
Date of Birth:	Sex:	Grade:	Race:	UIC#:
Mother/Guardian:		Father/Guardian:		
Mother Address:		Father Address:		
City, State, Zip:		City, State, Zip:		
Mother Phone:		Father Phone:		
Mother Email:		Father Email:		
Student's Primary Residence: <input type="checkbox"/> Mother's Address <input type="checkbox"/> Father's Address <input type="checkbox"/> Shared Equally/Live Together				

PARENT PERMISSION FOR INITIAL EVALUATION

Your child has been referred for a special education evaluation to determine if they are eligible to receive special education programs and services. Areas of concerns:

Math Reading Writing Social/Emotional Speech/Language Cognitive Functioning Other _____

PROPOSED EVALUATION/SERVICE: If you consent to have your child evaluated, the following persons **may be involved**. (An explanation of these services is found on the reverse side of this form.)

Psychologist Teacher/Consultant Occupational Therapist School Social Worker Speech/Language Pathologist
 Other _____

PARENT/GUARDIAN CONSENT:

In consenting to the evaluation of _____
Student's Name *Native Language if other than English*

I understand the results of this evaluation will be presented at an individualized educational planning team meeting. These results will be used to determine whether my child is eligible for special education programs or services. I understand the contents of this notice and have received a copy of the procedural safeguards detailing student's and parent's rights.

PARENT/GUARDIAN INPUT:

Please provide any additional information you think would be helpful to the diagnostic team (continue on back if needed).

My signature below indicates my consent to this evaluation*

Parent, Legal Guardian, or Self *Date*

Administrator Receiving Consent *Date Received*

*If this form is not returned within 7 days, the school district has a right to request a hearing to determine if an evaluation may be given without your consent

Person Making Referral _____ Person Completing Form _____
Date received by MCISD _____ Send Completed Form to: Menominee County ISD
1201 – 41st Avenue
Menominee, MI 49858
Fax: 906-863-7776
Phone: 906-863-5665

EXPLANATION OF EVALUATION SERVICES

Audiologist

The audiologist assesses the student to determine the amount of hearing loss and to determine the effects of this loss on speech discrimination.

Medical Services Personnel

The medical personnel identified provide diagnostic information relevant to the presence of a physical or mental disorder or condition. The suspected handicapping condition will determine the medical personnel that may be involved: Neurologist, Pediatrician, Psychiatrist, Orthopedic Surgeon, Internist, Osteopathic Internist, Ophthalmologist, Optometrist, and Otolaryngologist.

Occupational Therapist

The occupational therapist evaluates the child's perceptual-motor functioning by comparing it to the norm. If a developmental delay is noted the O.T. determines how it affects the child's mobility, performance of daily living tasks, or classroom functioning. Standardized tests, reflex tests, and observation are tools that the O.T. uses to assess the child's performance.

Orientation and Mobility Specialist

The orientation and mobility specialist assesses the severely visually impaired student to determine his/her ability to move freely within the environment. The specialist also makes recommendations for orientation and mobility training.

School Psychologist

The school psychologist evaluates a student in the areas of intelligence, personality, academic achievement, eye-hand coordination and looks for possible cerebral problems. The session usually lasts two hours during the school day. Upon completion of the tests, parents and the school personnel involved will be notified of the evaluation results.

School Social Worker

The school social worker evaluates a student's social and behavioral adjustment. The following are often used in making this determination: 1) family interviewing; 2) student conferences; 3) teacher conferences; 4) observation; and 5) collection of information and coordination of service with other agencies (if appropriate).

Teacher Consultant

A teacher consultant primarily evaluates academic achievement and may make observations in the special or regular education setting.

Teacher of the Speech and Language Impaired

A teacher of the speech and language impaired evaluates speech and language behavior. Tests to diagnose the problems may be given in the following areas:

Language Developments: Assessment of the student's ability to process, understand and communicate verbal ideas.

Articulation: Assessment of the student's ability to speak clearly and effectively.

Voice: Assessment of the student's ability to utilize appropriate voice pitch, loudness, or quality of speech.

Fluency: Assessment of the student's ability to speak without excessive interruptions; repetition of sounds, words, phrases, or sentences; which interfere with effective communication.

**REVIEW OF EXISTING EVALUATION DATA (REED) AND EVALUATION PLAN
MENOMINEE COUNTY INTERMEDIATE SCHOOL DISTRICT**



- Carney-Nadeau
 Stephenson
 Menominee
 North Central
 ISD
 Initial Evaluation
 Transfer-In
 Other: _____

Date of Referral:	Student's Name:		
Date of Birth:	Sex:	Grade:	UIC#:
Mother/Guardian:		Father/Guardian:	
Student's Primary Address:			
Mother Phone:		Father Phone:	
Parent Email:			

Participants: Check the box next to the member who can interpret the instructional implications of evaluation results. Also check the box under each member's name to indicate how the member participated.

Student
 Phone Personal Communication In Person

 District Representative
 Phone Personal Communication In Person

Parent/Guardian
 Phone Personal Communication In Person

 General Education Teacher
 Phone Personal Communication In Person

Parent/Guardian
 Phone Personal Communication In Person

 Special Education Provider
 Phone Personal Communication In Person

 Other
 Phone Personal Communication In Person

 Other
 Phone Personal Communication In Person

REVIEW OF EXISTING EVALUATION DATA		
Information	Data Source	Description of Information
Review of existing evaluations including current classroom-based, local, or state assessments.	DIBELS STAR M-STEP	
Review teacher and related service provider(s) observations.	Gen Ed Spec Ed Related Service	
Review evaluations and information provided by parents (outside medical reports).	Date of Report: _____ Source: _____	<i>Provide a copy of report.</i>
Interventions		
REQUIRED Review of Input from Parent:		

REVIEW OF EXISTING EVALUATION DATA (REED) AND EVALUATION PLAN

ADDITIONAL DATA NEEDED AND EVALUATION PLAN	
Assessment Area	Data and Assessments Needed
<input type="checkbox"/> Achievement	
<input type="checkbox"/> Adaptive Skills	
<input type="checkbox"/> Cognitive Ability	
<input type="checkbox"/> Social/Emotional/Behavior	
<input type="checkbox"/> Speech & Language	
<input type="checkbox"/> OT <input type="checkbox"/> PT	
<input type="checkbox"/> Autism Evaluation	
<input type="checkbox"/> Other: _____	

No testing is recommended at this time. Team recommends ongoing progress monitoring and data collection.

NOTICE OF SUFFICIENT DATA

Based on the review of the data and input from the parent, it was determined that no additional data is needed to determine whether the student is or continues to be a student with a disability who has any special education and program needs. **State Reason (required):**

If you, the parent, do not agree with this plan, you may request an evaluation. Contact Building Administrator.

CONSENT FOR ADDITIONAL ASSESSMENT

Further testing is recommended at this time, as specified above, to determine whether the student is or continues to be a student with a disability who has any special education and program needs.

I, as parent/guardian,

1. Have received a copy of the Special Education Procedural Safeguards (the Procedural Safeguards Notice you received describes protections under the IDEA. The Procedural Safeguards Notice is also available at https://www.michigan.gov/documents/mde/Procedural_Safeguards_Notice_550307_7.pdf)
2. Understand the contents of this plan, and: **(Choose one)**

I consent to the proposed evaluation plan

I do NOT consent to the proposed evaluation plan (Explain concerns): _____

Parent/Guardian Signature

Date of Consent

Signature of Superintendent or Designee

Date

If testing is recommended, the results of the evaluation identified in this plan will be reviewed at an IEP team meeting to be held on or before:

Send Completed Form to:

Menominee County ISD, 1201 – 41st Avenue, Menominee, MI 49858; Fax: 906-863-7776; Phone: 906-863-5665

Telephone: 906-863-5665



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CONSENT FOR ACCESS/RELEASE OF INFORMATION

Student Name _____ **Date of Birth** _____

Address _____

I hereby Authorize the release of information from:

(Doctor/Clinic/Hospital/Facility) _____

Address _____

Phone _____ **Fax** _____

To disclose information to:

Menominee County ISD

1201 41st Ave, Menominee, MI 49858

Phone : 906.863.5665, ext 1010 **Fax**: 906.863.7776

Information to be disclosed:

_____ Medical _____ Mental Health from date _____ to date _____

Information is requested for: _____ Educational Planning/Placement _____ Other

This authorization is voluntary. I can choose to revoke this consent at a later date, however the revocation must be in writing. If this consent is revoked, I understand that information may have been released prior to the cancellation, and that action would not be considered a breach of confidentiality. I also acknowledge that once my health/education information is used or disclosed pursuant to this authorization, it may no longer be protected by federal or state law, unless protected by Federal Regulations 42CFR Part 2 and the Public Act 258 in which case it cannot be re-disclosed by the Receiving Party without my written authorization. I understand the information may be released electronically. This agreement will expire one year from the date of signature, unless revoked in writing by the parent/guardian sooner.

Initial: _____ This is a two-way release to exchange information between parties identified above.

Signature of Parent/Legal Guardian (if student is a minor)

Date

Printed name of Parent/Legal Guardian (if student is a minor)

Witness Signature

Date

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Dear Parent(s)/Guardian(s) of: _____

Therapy services in the schools are based on educational relevance and need as determined by the Individualized Education Planning Team (IEPT). A doctor's order is needed for school based services and, if your child becomes eligible for Medicaid, to bill Medicaid for these services.

Please sign this form and we will secure a physician authorization. If you prefer to take this form to your physician, please have him/her fax a prescription to our office. This prescription is required to be renewed annually.

If you have any questions or concerns please contact the Special Education Director at 906-863-5665 x1012.

Thank you.

To: Dr. _____

RE: _____ Date of Birth: _____
Student Name

A prescription is needed for the following services:

- _____ Speech/Language - Evaluation and/or treatment per educational goals
- _____ Occupational Therapy - Evaluation and/or treatment per educational goals
- _____ Physical Therapy - Evaluation and/or treatment per educational goals
- _____ Orientation and Mobility - Evaluation and/or treatment per educational goals
- _____ Personal Care Services (Please check all that apply)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Ambulation | <input type="checkbox"/> Dressing | <input type="checkbox"/> Personal Hygiene | <input type="checkbox"/> Toileting |
| <input type="checkbox"/> Mobility/Positioning | <input type="checkbox"/> Grooming | <input type="checkbox"/> Skin Care | <input type="checkbox"/> Muscle Strengthening |
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Respiratory Assistance | <input type="checkbox"/> Eating/Feeding | <input type="checkbox"/> Medical Equipment Maintenance |
| <input type="checkbox"/> Transferring | <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> Maintaining Continence | <input type="checkbox"/> Health Related Functions through |
| <input type="checkbox"/> Redirection and
Intervention for Behavior | <input type="checkbox"/> Intervention for Seizure
Disorder | <input type="checkbox"/> Assistance with Staff
Administered Medications | Hands On Assistance, Supervision
and Cueing |

Please fax a prescription to the Menominee County ISD (Fax: 906-863-7776) as soon as possible

Parent Signature: _____



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LEARNING DISABILITY REFERRAL CHECKLIST

Student's Name _____ Today's Date: _____

Prior to an LD referral, Student Assistance Team Meetings (SAT) should be held. This meeting should include: General Education Teacher, Guidance Counselor, Principal, Parent/Guardian, LD Teacher Consultant, and any itinerant staff involved with student and student if appropriate.

In accordance with current Michigan Department of Education rules and regulations the following documents should be included when referring a student for an LD evaluation. Check off all forms included and attach forms and checklist to the referral packet. Provide rationale for any form/information not included, (i.e., standardized testing scores as applicable).

To be completed by School Staff:

- ___ Benchmark Screening Scores (i.e. DIBELS, STAR, AIMSWEB, etc)
- ___ Progress Monitoring graph/scores
- ___ Report Cards and Attendance Records
- ___ District Discipline Records
- ___ General Education Teacher Reports
- ___ Norm referenced tests administered (i.e. KTEA-Brief, WJ-IV, Quick Phonics Screener, Key Math, Gates, etc.)
- ___ Data compiled on student at SAT meeting (referenced above)
- ___ Worksheet to Determine Appropriate Instruction
- ___ Copy of IRIP (if applicable)
- ___ Copy of 504 Plan (if applicable)

To be completed by Parent:

- ___ Parent Input

Please contact the Special Education Director (863-5665, x1012) with any questions or concerns.

Suggested Questions for Parent Input for Initial Evaluation

Student's Name: _____

Parent/Guardian Name: _____

1. What are some of your child's strengths, interests, and/or favorite activities? _____

2. What does s/he like best about school? _____

Least? _____

3. If your child has homework, does s/he complete it without help? Yes No

If no, what type of help is given? _____

4. Have there been any recent changes in your child in the following areas? (if yes, please explain):

• Behavior: _____

• Home or Family Relationships: _____

• School Performance: _____

5. Medical Information:

• Vision Concerns? _____

• Has your child ever had an eye exam? Yes No Wears glasses? Yes No

• Hearing Concerns? _____

• Wears hearing aid(s)? Yes No

• Any other medical/health concerns? _____

• Medical History- accidents, injuries, surgeries? _____

• Taking Medication? (type, reason, side effects) _____

6. Home Life:

• With whom does your child live at home? _____

• How well does your child sleep at night? _____

• Follows rules at home? _____

• Leisure: Participates in school or community activities? _____

General Education Teacher Report (K-12)

To be filled out by every teacher working with the student

Student's Name: _____ Teacher: _____

Subject/Grade: _____ Date: _____

Part 1 – List positive student interests & behaviors: _____

Part 2 – Academic Information. Check areas student is not meeting grade level expectations:

___ Reading Decoding ___ Reading Fluency ___ Reading Vocabulary

___ Reading Comprehension ___ Writing meaningful, accurate sentences/passages

___ Writing Mechanics ___ Spelling ___ Math Computation

___ Math Problem Solving ___ Math Facts ___ Speaking Skills

___ Understanding directions, lecture, discussions or demonstrations (listening comprehension)

Approximate grade level in following areas: *Reading* _____ *Written Language* _____ *Math* _____

Does the student have an IRIP? _____ Does the student have a 504 Plan? _____

Part 3 – Behavioral Information – Rate each item:

	Usually	Sometimes	Seldom/Never	N/A
On time for class				
Brings necessary materials				
Turns in completed assignments				
Turns in assignments on time				
Willing to make-up assignments				
Follows teacher's directions				
Attends to lecture/discussion				
Participates in class discussions				
Stays on-task during work time				
Appropriate peer interactions				
Appropriate teacher interactions				

Part 4 – Explain specific areas of deficit you have observed with this student:

Part 5 – Attendance

___ Seldom Absent ___ Frequently Absent ___ Frequently Tardy

Number of schools attended: _____ Number of Retentions: _____

Worksheet to Determine Appropriate Instruction

Student Name: _____

Elements of Instruction		Evidence of Effectiveness	Other Evidence of Effectiveness
What	Documented curriculum	School district has a written curriculum that is aligned with State content expectations.	<p>At least 80% of all of the school district's students within a grade are meeting district or state standards after being instructed with the district's core instructional program.</p> <p>At least 80% of students using an intervention within the school have showed improved progress.</p> <p>Observations of interventions during the evaluation period indicate that they are being implemented with fidelity.</p>
	Core/intervention curriculum materials	Materials systematically teach and review skills and have scientific-research evidence of effectiveness.	
	Reading	Instruction emphasizes the following big ideas: phonemic awareness, phonics, fluency, vocabulary and comprehension.	
	Math	Instruction emphasizes the following big ideas: conceptual understanding, computational and procedural fluency, fact fluency and problem solving skills.	
	Writing	Instruction emphasizes the following areas: basic mechanics and conventions, the content aspects of writing that convey meaning, and higher-level cognitive processes involved in planning and revising.	
	Oral Expression	Instruction emphasizes the use of syntax, semantics and morphology.	
	Listening Comprehension	Instruction emphasizes the understanding of syntax, semantics and morphology.	
Who	Teacher Qualifications	Teacher meets NCLB highly qualified standards and has been trained to use the curriculum materials.	
How	Instructional techniques/strategies	When teaching new skills, teacher uses explicit instructional techniques.	
	Differentiated/tiered instruction	Students are provided with the appropriate intensity of instruction to meet their individual needs. All students receive core instruction, some students received targeted, strategic instruction, a few students receive targeted intensive instruction.	
	Fidelity of instructional implementation	There is documentation that the core and intervention programs are implemented with fidelity.	
	Assessments / Use of data	School screens all students three times a year to assess their progress. Students receiving strategic interventions are assessed weekly/monthly with formative assessments (e.g., progress monitoring tests) and students receiving intensive interventions (through general or special education) are assessed weekly. Schools regularly use assessment data to evaluate their instructional programs and modify accordingly.	

Verified by: _____ on _____

Principal's Signature

Date