



MINNESOTA VALLEY EDUCATION DISTRICT STUDENT REFERRAL FOR OUT-OF-DISTRICT SERVICES

The Minnesota Valley Education District (MVED) is proud to be able to offer an array of services and supports for its member districts, including direct services for students with disabilities whose unique needs make services in the child's home school difficult. Often, these students are struggling to regulate their behavior and emotions to a point where the learning environment for other students is being compromised. When this occurs, it is often not clear what type of programming may best benefit the student who is struggling. As a result, IEP teams are encouraged to make a referral for additional services, and the MVED Referral Team will review the information and determine which of its two programs would best meet the needs of an individual student:

1. **Minnesota Valley School (MVS)** is a Level 4 program for special education students only in grades K-12. The purpose of MVS is to provide intensive emotional/behavioral support to special education students who have not responded to the most intensive evidence-based interventions and supports available within the level 3 setting in schools. MVS is not designed to meet the needs of learners with serious cognitive delays or profound physical disabilities.
2. **Minnesota River School (MRS)** offers three out-of-district Level 3 programs (Grades K-4, Grades 5-8 and Grades 9-12) for special education students who have: ongoing social problems that include difficulty communicating and interacting with others, repetitive behaviors as well as limited interests or activities, and behavior that hurt the individual's ability to function socially. The purpose of Minnesota River School is to provide students with individualized learning opportunities where they can practice the social interaction, communication skills, and self-regulation skills that are necessary to successfully manage the sensory and environmental stimuli that may impede their ability to attend and participate in instruction. Minnesota River School emphasizes academic understanding as it applies to functional life skills and the application of those skills.

Criteria for Consideration of Out-of-District Services

- Students must meet Minnesota Special Education Disability Criteria
- Students must have a current Individualized Education Plan (IEP) **including** a Positive Behavior Support Plan (PBSP) **and** a specific goal related to the behavior needs.
- Student must have a current evaluation report (ER), **including** a functional behavioral assessment (FBA).
- Student should have served a minimum of 60% of the school day in a special education setting (level III).
- All possible interventions and resources within the level III have been tried and documented.
- The MVED Coordinator of the program being considered should be made aware of this student and situation and have observed the student in their current setting prior to a referral being made.
 - Jacki Madden - Minnesota River School (level 3- social, sensory, & communication needs)
 - Allison Bahlmann - Minnesota Valley School (level 4 - significant behavioral challenges)

Once you have determined the student meets these criteria, please follow the referral process steps.

Referral Process Steps

- ☐ Contact MVED Coordinator (**Jacki or Allison**) regarding any student who there are concerns regarding their ability to be provided appropriate services in their home school setting.
- ☐ Hold a team meeting to discuss other possible interventions and ensure that the student has been provided true level III services. The MVED Coordinator **MUST** attend this meeting, they may choose to also invite the MVED Principal or Director of Special Education depending on the circumstances. This should be an introduction to the possibility of considering alternative placements, **not** a deciding meeting.
- ☐ After further interventions have been tried the MVED Referral Team will meet to discuss which placement would be appropriate for this student and a second meeting can be held to discuss the specific programming the referral team feels is appropriate.
- ☐ After that meeting, a Prior Written Notice recommending the appropriate out-of-district placement is created and must be signed by the parent.
- ☐ School should submit the following to MVED
 - ☐ A completed referral packet
 - ☐ Transcript (HS only)
 - ☐ Individualized Education Plan
 - ☐ Evaluation Report
 - ☐ Positive Behavior Support Plan
 - ☐ Signed authorizations for release of information (if applicable: mental health agencies, county agencies, probation, etc.)
 - ☐ Signed PWN recommending a change of placement.
- ☐ MVED reviews referrals and schedules an intake meeting.
- ☐ MVED will set up and conduct an intake meeting to amend the IEP to fit the student's needs at the alternative program.
- ☐ The parent/guardian and the student will receive a tour of the school and parents will complete the MVED Intake Paperwork (transportation, emergency information, media releases, etc).
- ☐ A start date will be determined at the IEP meeting, however, the student's IEP must reflect the new services.
- ☐ The resident or serving district will sign a tuition agreement for MVED site-based services, including transportation.

TIPS AND BEST PRACTICES FOR TALKING WITH PARENTS ABOUT MVED PLACEMENT

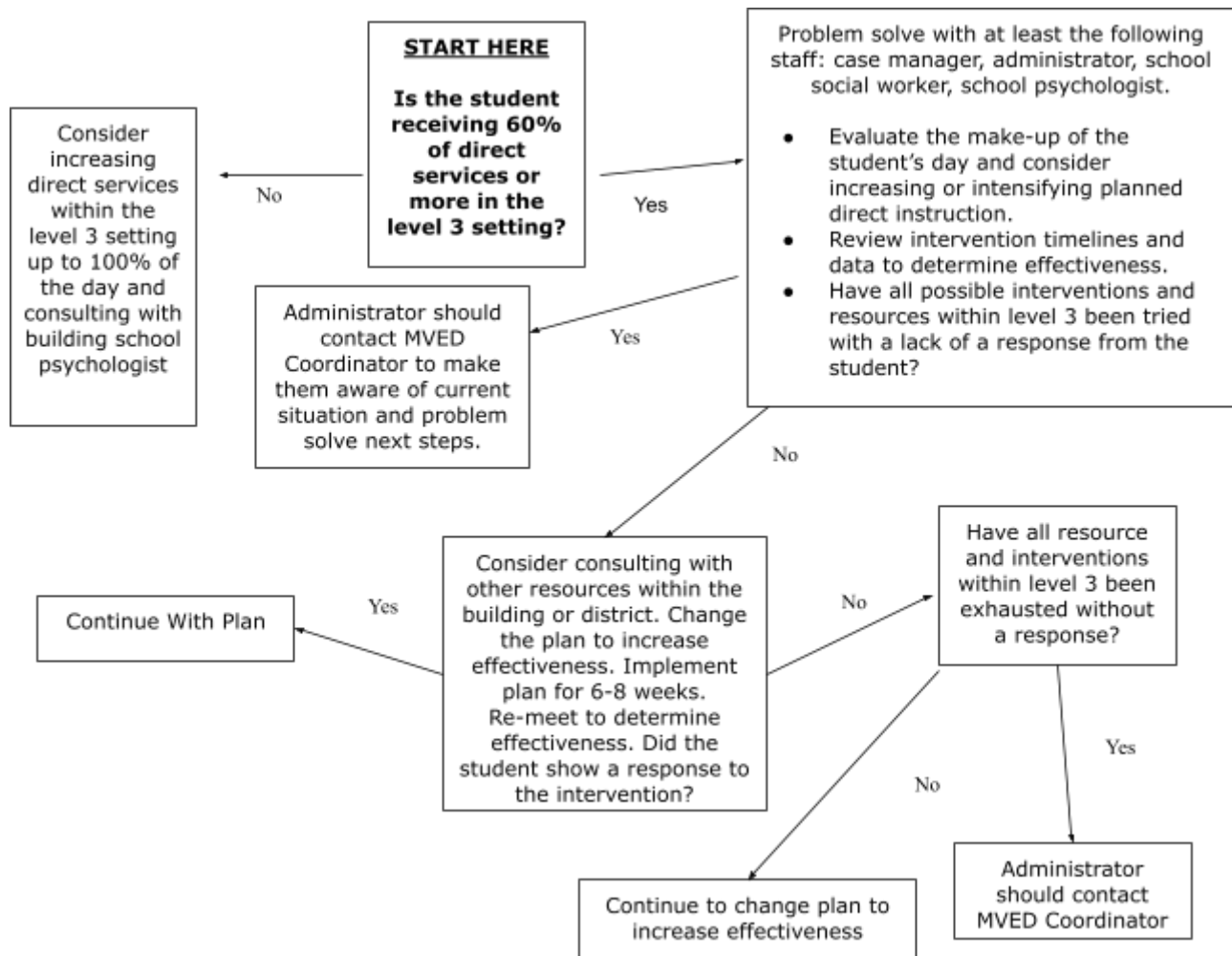
1. Alternative Placements should not be discussed with parents until the MVED Coordinator has been contacted to consult and observe the student.
2. MVED Placements should be discussed only as an option in the continuum of interventions.
3. Referral to any MVED Program should not be used as a threat or a consequence.
4. Once the appropriate program is determined by the referral team and the option is discussed and is a viable option, a tour, meeting, or phone call with the individual program could be arranged if parents are resistant or request more information.
5. Talking points:
 - a. We believe the best place for your child is a more specialized program, and we will continue to try interventions within the school until we have exhausted all evidence-based options.
 - b. An MVED placement is only an option. Staff will implement all other lesser restrictive interventions prior to considering alternative settings.

OTHER FACTORS TO CONSIDER DURING THE PROBLEM-SOLVING PROCESS

1. Are the FBA and PBSP current and applicable to current concerns?
2. Is the student undergoing medication changes/trials? Change of placement should not typically occur while med changes/trials are in progress.

3. Is the student connected to resources outside of school that may assist in increasing the effectiveness of school interventions?

PROBLEM-SOLVING PLACEMENT TO LEVEL 4



STUDENT REFERRAL

REFERRAL DATE: _____

STUDENT NAME _____

D.O.B. (mm/dd/yyyy): _____ GRADE: _____

PRIMARY -PARENT NAME: _____ PH: _____

ADDRESS: _____ CITY/ZIP: _____

EMAIL _____ BEST MODE OF COMMUNICATION: phone or email

SECONDARY -PARENT NAME: _____ PH: _____

ADDRESS: _____ CITY/ZIP: _____

EMAIL _____ BEST MODE OF COMMUNICATION: phone or email

SCHOOL DISTRICT: _____

IS THE STUDENT OPEN ENROLLED INTO YOUR DISTRICT: YES _____ NO _____

IF YES, FROM WHICH DISTRICT: _____

OFFICE USE ONLY

Documents Received: ☐ Referral ☐ IEP ☐ Eval ☐ Other _____

Meeting Dates: ☐ Intake Review _____ ☐ IEP _____ ☐ Tour _____

Student Start Date: ☐ _____ ☐ Transportation ☐ Food Service

STUDENT REFERRAL INFORMATION

CURRENT BEHAVIORAL INFORMATION

- Is there a PBSP? ☐ No ☐ Yes (please attach)
- Physical restraint use? ☐ No ☐ Yes - Frequency/Number _____
- Seclusions? ☐ No ☐ Yes - Frequency/Number _____
- School suspensions? ☐ No ☐ Yes - Number of days in current school year _____
- Bus safety concerns? ☐ No ☐ Yes - Explain _____

PHYSICAL HEALTH

- Are there health concerns? ☐ No ☐ Yes - Explain _____
-

CHEMICAL HEALTH

- Are there chemical health concerns? ☐ No ☐ Yes - Explain _____
-

MENTAL HEALTH

The following are concerns:

- | | | |
|---|---|---|
| <input type="checkbox"/> Anxiety related problems | <input type="checkbox"/> Intimidating/assaultive behavior | <input type="checkbox"/> Self-injurious behavior |
| <input type="checkbox"/> Attention inattentiveness | <input type="checkbox"/> Medication compliance | <input type="checkbox"/> Sexual inappropriateness |
| <input type="checkbox"/> Avoidance | <input type="checkbox"/> Mood problems | <input type="checkbox"/> Suicidal ideas/attempts |
| <input type="checkbox"/> Difficulty w/ peer relationships | <input type="checkbox"/> Obsessive/compulsive behavior | <input type="checkbox"/> Other: _____ |

The following conditions are medically documented/diagnosed:

- | | | |
|---|--|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Depression | <input type="checkbox"/> Conduct Disorder |
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Fetal Alcohol Spectrum Disorder | <input type="checkbox"/> Oppositional Defiant Disorder |
| <input type="checkbox"/> Autism/Asperger's Syndrome | <input type="checkbox"/> Obsessive Compulsive Disorder | <input type="checkbox"/> Attachment Disorder |
| <input type="checkbox"/> Reactive Attachment Disorder | <input type="checkbox"/> Other _____ | |

Currently prescribed medications (if known):

MENTAL HEALTH SERVICES

Current/past mental health and/or social service involvement? ☐ No ☐ Yes (summarize) _____

FAMILY INFORMATION

The following are documented issues/concerns:

- | | | |
|---|--|---|
| <input type="checkbox"/> Child protection involvement | <input type="checkbox"/> Financial difficulties | <input type="checkbox"/> Physical abuse |
| <input type="checkbox"/> Death of family member | <input type="checkbox"/> Homelessness | <input type="checkbox"/> Sexual abuse |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Mood-altering substance use | <input type="checkbox"/> Sibling conflict |
| <input type="checkbox"/> Family member has a disability or mental illness | <input type="checkbox"/> Multiple moves | <input type="checkbox"/> Neglect |
| | <input type="checkbox"/> Divorce/Parental Separation | <input type="checkbox"/> Other _____ |

POLICE / CORRECTIONAL HISTORY (if known)

Court involvement ? ☐ No ☐ Yes ☐ Unknown

If Yes, Please describe: _____

Probation? ☐ No ☐ Yes - Date(s): _____

COMMUNITY AGENCIES / SERVICES INFORMATION

COUNTY

PROBATION OFFICER: _____ PH: _____

MENTAL HEALTH CASE MGR: _____ PH: _____

SOCIAL WORKER: _____ PH: _____

OTHER: _____ PH: _____

OTHER SERVICES

VOC/REHAB CASE MGR: _____ PH: _____

THERAPIST: _____ PH: _____

SKILLS WORKER: _____ PH: _____

OTHER: _____ PH: _____

STUDENT BEHAVIOR HISTORY

Briefly answer the following questions regarding the student's behavior:

1. What behaviors/characteristics does the student demonstrate that significantly interferes with/impacts or others throughout the day? What is the frequency and duration of these behaviors?
2. Have the behaviors been reported in other social environments such as the home or community?
3. What two documented interventions have been tried within a regular educational setting? What changes have been noted?
4. What are the strengths and interests of the student?
5. What do you see as the biggest 2-4 needs of the student?

6. Does the student have bus/transportation issues?

7. What type of peer interactions does the student have? Is the student able to maintain positive peer relationships?

8. What type of adult interactions does the student have? Is the student able to maintain positive adult relationships?

9. Please share any other information that you feel will be beneficial for the MVS intake team to know about the student:

The following people participated in completing the referral for level 4 services:

Name:

Position/Title:



Minnesota Valley Education District
801 Davis Street
St. Peter, MN 56082-6082

Authorization for Release of Information

Student Name: _____ ID: _____ Date: _____

School: _____ Grade: _____ DOB: _____

Parent/Guardian Name: _____

Authorizes: MN Valley Education District #6027
District Name/Number

Staff Person(s) Responsible

School Responsible

801 Davis Street, St. Peter, MN 56082
Address

- ☐ to release the specific information identified below **to:**
☐ to obtain specific information identified below **from:**

Name of individual or entity

Organization

Address

- ☐ **Health Record:** Immunizations and Health Concerns
☐ **Medical Reports:** Hospitalizations and Discharge Summaries; Medication Authorizations
☐ **Psychological Reports:** Diagnostic Assessment, Functional Assessment, Treatment Plans, Progress Notes
☐ **Psychiatric Reports:** Diagnostic Assessments, Treatment Plans, Consultation Information
☐ **Teacher, Counselor and Staff Observations**
☐ **Special Education Reports:** Evaluation Reports, Testing, Individual Education Plans, Prior Written Notices
☐ **Social Work Reports & History**
☐ **Discipline/Behavioral Reports**
☐ **Verbal Reports** Between Staff in Both Agencies
☐ Other- _____

For the purpose of:
Coordination of services

I understand this authorization:

- Takes effect the day I sign it,
- Cannot exceed one year, and expires either:

- ☐ on _____, or
☐ one year from the date of my signature

- Can be stopped any time by sending a written request to:
801 Davis Street
St. Peter, MN 56082

I further understand:

- I may refuse to sign this authorization and it will not affect my child's ability to receive education services,
- The laws that protect the information identified on this release, in some situations, may allow or require this entity to re-disclose this information, but only as permitted by law Health Insurance Portability and Accountability Act (HIPPA), Family Education Rights and Privacy Act (FERPA), Minnesota Government Data Practices Act (MGDPA or Chapter 13),
- A copy of this release form is as valid as an original, and
- I will receive a copy of this authorization.

Signature: _____
Parent, legal representative, or student

Date: _____
(mm/dd/yyyy)