



MINNESOTA RIVER SCHOOL

STUDENT REFERRAL

OUT OF DISTRICT LEVEL 3 SERVICES

Minnesota River School 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 to Minnesota River School

- ☐ Students must meet Minnesota Special Education Disability Criteria.
- ☐ Students must have a current Individualized Education Plan (IEP) **including** a Positive Behavior Support Plan(PBSP)/Behavior Intervention Plan(BIP) **and** a specific goal related to their behavior needs.
- ☐ Students must have a current evaluation report (ER) **including** a Functional Behavioral Assessment (FBA).
- ☐ Students should have served a minimum of 60% of the school day in a special education setting (level III).
- ☐ Jacki Madden has been consulted for additional support and observation. (jacki.madden@mnved.org)
- ☐ All possible interventions and resources within the level III have been tried, documented, and discussed with Jacki (ex: moved to a different room, sensory breaks, shortened day, ect).

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

Referral Process Steps

- ☐ Contact MRS Principal or Jacki Madden (ASD Consultant) about possible openings for Minnesota River School **prior** to any meeting.
- ☐ Hold a team meeting to discuss other possible interventions and level 3 out-of-district placement. This should be an introduction to the possibility of moving to a level 3, **not** a deciding meeting. MRS Principal or Jacki should be invited to this meeting.
- ☐ After further interventions have been tried the MRS Principal or Jacki should be invited to the next meeting where a decision could be made to refer to the level 3 program.
- ☐ Obtain a Prior Written Notice recommending a level out-of-district setting **with** a parent's signature.
- ☐ Schools should submit the following to the MRS Principal.
 - ☐ 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 to level III out-of-district placement.
- ☐ MRS reviews referrals and schedules an intake meeting.
- ☐ MRS will set up and conduct an intake meeting to amend the IEP to fit the student's needs at MRS.
- ☐ The parent/guardian and 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 MRS services. A parent signature will be required to begin at MRS or the student may start 14 days after the IEP is written.
- ☐ The resident or serving district will sign a tuition agreement for MRS site-based services, including transportation.

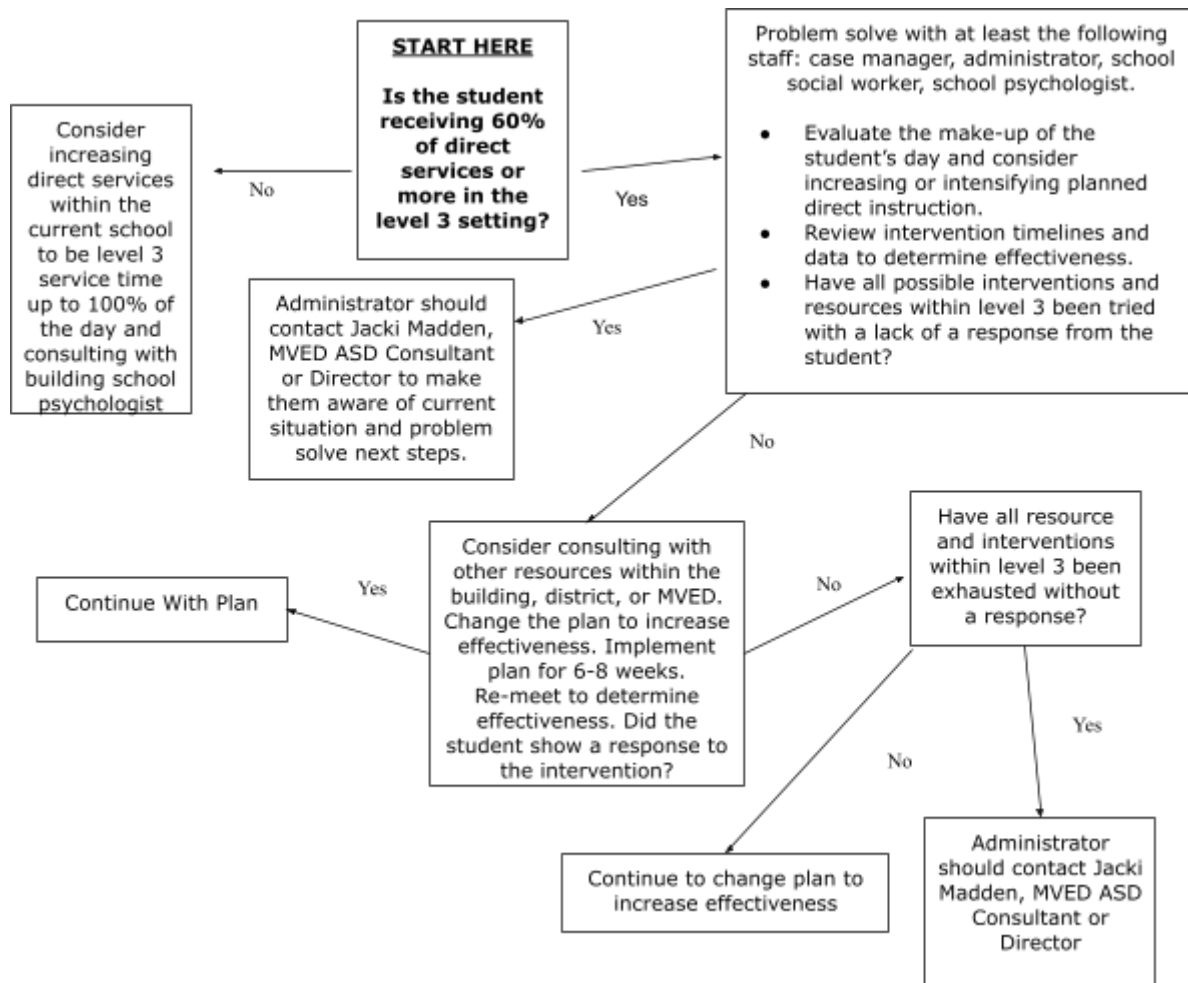
TIPS AND BEST PRACTICES FOR TALKING WITH PARENTS ABOUT MINNESOTA RIVER SCHOOL

1. Minnesota River School should not be discussed with parents until the case manager or school administration has discussed this possibility with the MVED ASD Consultant or principal and the problem-solving process has begun for a possible out-of-school district placement change.
2. Minnesota River School should be discussed only as an option in the continuum of interventions.
3. Referral to Minnesota River School should not be used as a threat or a consequence.
4. Once Minnesota River School is discussed and is a viable option, a tour, meeting, or phone call with Minnesota River School could be arranged if parents are resistant or request more information.
5. Talking points:
 - a. We believe the best place for your child is Minnesota River School, and we will continue to try interventions within the school until we have exhausted all evidence-based options.
 - b. Minnesota River School is only an option. Staff will implement all other lesser restrictive interventions prior to considering Minnesota River School.

OTHER FACTORS TO CONSIDER DURING PROBLEM-SOLVING PROCESS

1. Are the FBA and PBSP/BIP current and applicable to current concerns?
2. Is the student undergoing medication changes/trials? Change of placement to outside of the district 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 Minnesota River School



STUDENT REFERRAL - Minnesota River School

OUT OF DISTRICT LEVEL 3 SERVICES

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 _____

☐ Outside Medical ☐ OT ☐ PT ☐ Speech ☐ Mental Health

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

Student Start Date: ☐ _____ ☐ Transportation ☐ Food Service

STUDENT REFERRAL INFORMATION

CURRENT BEHAVIORAL INFORMATION

- Is there a PBSP/BIP? ☐ No ☐ Yes (please attach)
- Physical restraint use? ☐ No ☐ Yes - Frequency _____
- 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"/> Post Traumatic Stress Disorder |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Reactive Attachment Disorder (RAD) |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Obsessive Compulsive Disorder |
| <input type="checkbox"/> Autism/Asperger's Syndrome | <input type="checkbox"/> Fetal Alcohol Spectrum Disorder (FASD) |
| <input type="checkbox"/> Anxiety 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"/> A family member has a disability or mental illness | <input type="checkbox"/> Multiple moves | <input type="checkbox"/> Neglect |
| | <input type="checkbox"/> Other _____ | |

Describe the family structure (parent, stepparent, foster care, siblings, etc):

POLICE / CORRECTIONAL HISTORY (if known)

Court or law enforcement involvement? ☐ No ☐ Yes

If yes, please describe _____

COMMUNITY AGENCIES / SERVICES INFORMATION

COUNTY

MENTAL HEALTH CASE MGR: _____ PH: _____

SOCIAL WORKER: _____ PH: _____

OTHER: _____ PH: _____

OTHER SERVICES

VOC/REHAB CASE MGR: _____ PH: _____

THERAPIST: _____ PH: _____

OTHER: _____ PH: _____

OTHER: _____ PH: _____

STUDENT HISTORY

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

1. Describe behaviors that have not been successfully addressed in the current setting and require an out-of-district placement. In what educational settings have the behaviors occurred?

2. Have the behaviors been reported in other environments such as the home or community?

3. What strategies are currently working in the following areas? Describe the frequency and location implemented.

-Sensory/Self Regulation

-Communication

-Social

4. What two documented interventions have been tried within the current special education educational setting? What changes have been noted? Please be specific and include any known dates of the interventions.

5. Does the student participate in any groups or special projects?

6. What are the strengths and interests of the student?
7. How does the child communicate? List unconventional communication and its meaning (ex: sign, gesture, behavior)
8. Explain any aggressive behaviors toward self, school staff, or other students.
9. What other special education services has the student had prior to consideration for referral to Minnesota River School? (Please include service minutes and/or description of the day. Include academic services and present level.)
10. List current transportation needs. Are these needs up to date in the IEP?
11. What type of peer interactions does the student have? Is the student able to maintain positive peer relationships?
12. What type of adult interactions does the student have? Is the student able to maintain positive adult relationships?

13. Please share any other information that you feel will be beneficial for the Minnesota River School intake team to know about the student:

14. What skills/behaviors does the student need to be able to demonstrate prior to returning to their home school?

The following people participated in completing the referral for out-of-district level 3 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: Minnesota River School Grade: _____ DOB: _____

Parent/Guardian Name: _____

Authorizes: MN Valley Education District #6027

District Name/Number

Staff Person(s) Responsible

Minnesota River School

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:

To coordinate 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 at 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)