**SCHOOL REFERRAL PROCESS**

1. PROCEDURES FOR SCHOOL PERSONNEL:

# Contact Joe Mellgren, Intake Facilitator for placement availability

 320-253-8940 ext. 213

2. ACCUMULATION OF DATA:

 In preparation for the intake meeting at Benton Stearns voyagers, the following should occur:

1. Complete a BSV Referral Packet
2. Individual Education Plan (BIP)
3. Evaluation Report (FBA)
4. Psychological Reports (if available)
5. Immunization Record
6. Discipline / Incident reports
7. SPED Form (Make Joe Mellgren Case Manager)
8. BSV tour if requested by parents

3. Attendance at Meeting:

1. Home School representatives (mandatory)
2. Parents / Guardian (mandatory)
3. Student
4. BSV Intake Facilitator and IEP Manager
5. County Social Worker (if one is appointed)
6. Probation Worker (if one is appointed)

4. Intake Packet:

The BSV intake worker will assist parents in filling out the intake paperwork after the meeting.

NOTE: Transportation is the responsibility of the referring school representative.

 Mail or fax the entire referral packet to: Joe Mellgren

 Benton Stearns Voyagers

 324 3rd Avenue South

 Sauk Rapids, MN 56379

 Fax: 320-253-1846

Date received at Benton Stearns VoyagersClick or tap here to enter text.

Student’s Name:Click or tap here to enter text.

Grade Level:Click or tap here to enter text.

Parent or Legal Guardian:Click or tap here to enter text.

Address:Click or tap here to enter text.

Telephone #:Click or tap here to enter text.

E-Mail Address:Click or tap here to enter text.

Parent or Legal Guardian:Click or tap here to enter text.

Address:Click or tap here to enter text.

Telephone #:Click or tap here to enter text.

E-Mail Address:Click or tap here to enter text.

Referring School District:Click or tap here to enter text.

Referring School District Rep:Click or tap here to enter text.

Referring School District Phone #:Click or tap here to enter text.

Referring School District Rep E-Mail Address:Click or tap here to enter text.

Home School District:Click or tap here to enter text.

Home School District Rep:Click or tap here to enter text.

Home School District Rep Phone #:Click or tap here to enter text.

Home School District Rep E-Mail Address:Click or tap here to enter text.

Area(s) of Disability:

 Primary:Click or tap here to enter text.

 Secondary:Click or tap here to enter text.

3-year Evaluation Date:Click or tap here to enter text.

**INTERAGENCY SERVICES & CONTACT INFORMATION**

**Legal Guardian** (if not parent):Click or tap here to enter text.

 Phone Number:Click or tap here to enter text.

 E-mail Address:Click or tap here to enter text.

**Social Worker**:Click or tap here to enter text.

 CountyClick or tap here to enter text.

 Phone Number:Click or tap here to enter text.

 E-mail Address:Click or tap here to enter text.

**Guardian ad Litem**:Click or tap here to enter text.

 Phone Number:Click or tap here to enter text.

 E-mail Address:Click or tap here to enter text.

**Mental Health Services**:Click or tap here to enter text.

 Worker’s Name:Click or tap here to enter text.

 Service Agency:Click or tap here to enter text.

 Worker’s Phone Number:Click or tap here to enter text.

 Worker’s E-mail Address:Click or tap here to enter text.

**Probation Officer**:Click or tap here to enter text.

 Phone Number:Click or tap here to enter text.

 E-mail Address:Click or tap here to enter text.

**Skills Worker**:Click or tap here to enter text.

 Service Agency:Click or tap here to enter text.

 Phone Number:Click or tap here to enter text.

 E-mail Address:Click or tap here to enter text.

**FAMILY INFORMATION**

The student lives with: [ ] Father (Bio, Step or Foster)Click or tap here to enter text.

 [ ] Mother (Bio, Step or Foster)Click or tap here to enter text.

 [ ]  Foster Family Click or tap here to enter text.

 [ ] Group HomeClick or tap here to enter text.

 [ ]  Ward of the State Click or tap here to enter text.

What is the student’s current living situation (custody arrangement / custody schedule)Click or tap here to enter text.

When is the best time to meet with parents / guardians?Click or tap here to enter text.

Are there any traumatic events that would impact the child’s education?Click or tap here to enter text.

Are there any current legal issues that would impact the child’s education?

 Click or tap here to enter text.

Are there physical or medical conditions BSV staff needs to be aware of?Click or tap here to enter text.

Explain:Click or tap here to enter text.

Allergies:Click or tap here to enter text.

Current medication taken at school?Click or tap here to enter text.

Are or were there chemical use issues for this student and to what extend?Click or tap here to enter text.

Are or were there sexual issues for this student and to what extend?Click or tap here to enter text.

**REFERAL QUESTIONAIRE**

1. Reason for referral:Click or tap here to enter text.

1. Prior services/placement history:Click or tap here to enter text.

1. School interventions prior to referral:Click or tap here to enter text.

4. Student’s strengths:Click or tap here to enter text.

5. Students challenges/stressors:Click or tap here to enter text.

6. Student motivators:Click or tap here to enter text.

7. Student’s needs to be addressed by BSV (as seen by referral team):

 a. Academic:Click or tap here to enter text.

 b. Behavioral:Click or tap here to enter text.

 c. Social:Click or tap here to enter text.

8. Desired school outcome from Benton Stearns:Click or tap here to enter text.

9. Current adaptations and modifications:Click or tap here to enter text.

10. Is this student on track to graduate?Click or tap here to enter text.

11. Is this student going to graduate of his/her IEP?Click or tap here to enter text.

12. Are there truancy concerns?

 Explain:Click or tap here to enter text.

**BEHAVIORIAL QUESTIONAIRE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PRO-SOCIAL BEHAVIORS** | **Never** | **Sometimes** | **Often** | **Always** |
| Cooperative and Respectful |  [ ]  | [ ]   | [ ]   |  [ ]  |
| Honest and truthful |  [ ]  | [ ]   |  [ ]  |  [ ]  |
| Appropriate hygiene and dress |  [ ]  |  [ ]  |  [ ]  |  [ ]  |
| Willing to follow established rules | [ ]   |  [ ]  |  [ ]  |  [ ]  |
| Participates in extracurricular activities | [ ]   |  [ ]  | [ ]   |  [ ]  |
| Accepts responsibility for own actions | [ ]   |  [ ]  | [ ]   | [ ]   |
| Demonstrates awareness of right and wrong |  [ ]  | [ ]   | [ ]   | [ ]   |
| Stays in assigned area | [ ]   | [ ]   | [ ]   | [ ]   |
| Will walk to recovery area when directed | [ ]   | [ ]   | [ ]   | [ ]   |
| Works without distracting others | [ ]   |  [ ]  | [ ]   | [ ]   |
| Refrains from supporting or engaging in negative behavior | [ ]   |  [ ]  |  [ ]  |  [ ]  |
| Responds to provocation with self control |  [ ]  |  [ ]  |  [ ]  | [ ]   |
| Accepts help / assistance from adults | [ ]   |  [ ]  | [ ]   |  [ ]  |
| Maintains control when faced with disappointment | [ ]   | [ ]   |  [ ]  |  [ ]  |
| Respects personal boundaries | [ ]   |  [ ]  | [ ]   | [ ]   |
| Works independently / uses time productively |  [ ]  | [ ]   |  [ ]  |  [ ]  |
| Accepts corrective feedback |  [ ]  |  [ ]  |  [ ]  |  [ ]  |
|  |  |  |  |  |
| **CONDUCT** | **Never** | **Sometimes** | **Often** | **Always** |
| Physical aggression (people / animals) |  [ ]  |  [ ]  |  [ ]  |  [ ]  |
| Verbal aggression | [ ]   | [ ]   | [ ]   |  [ ]  |
| Bullies, threatens others | [ ]   | [ ]   | [ ]   | [ ]   |
| Brought a weapon to school |  [ ]  |  [ ]  | [ ]   | [ ]   |
| Rage outbursts | [ ]   |  [ ]  |  [ ]  |  [ ]  |
| Damages school property |  [ ]  |  [ ]  |  [ ]  | [ ]   |
| Sexual concerns |  [ ]  | [ ]   |  [ ]  |  [ ]  |
| Lies | [ ]   |  [ ]  |  [ ]  |  [ ]  |
| Manipulative |  [ ]  |  [ ]  |  [ ]  |  [ ]  |
| Steals things |  [ ]  |  [ ]  | [ ]   |  [ ]  |
| Leaves school building / property |  [ ]  |  [ ]  |  [ ]  |  [ ]  |
| [ ]  |  |  |  |  |
| **ATTENTION** | **Never** | **Sometimes** | **Often** | **Always** |
| Poor attention span/easily distracted |  [ ]  |  [ ]  | [ ]   |  [ ]  |
| Doesn't finish tasks |  [ ]  |  [ ]  | [ ]   | [ ]   |
| Problems organizing materials | [ ]   |  [ ]  | [ ]   |  [ ]  |
| Fidgets, squirms, on-the-go |  [ ]  |  [ ]  |  [ ]  |  [ ]  |
| Interrupts/talks all the time | [ ]   |  [ ]  | [ ]   | [ ]   |
| Problems waiting for a turn | [ ]   |  [ ]  | [ ]   | [ ]   |
| Impulsive |  [ ]  | [ ]   |  [ ]  | [ ]   |
| Doesn't listen |  [ ]  |  [ ]  |  [ ]  | [ ]   |
| Avoids tasks which require sustained attention |  [ ]  |  [ ]  |  [ ]  |  [ ]  |
| Requires multiple prompts to begin, stay on or complete tasks |  [ ]  |  [ ]  | [ ]   |  [ ]  |
|  |  |  |  |  |
| **DEPRESSIVE SYMPTOMS** | **Never** | **Sometimes** | **Often** | **Always** |
| Angry |  [ ]  |  [ ]  |  [ ]  |  [ ]  |
| Sleep disturbances | [ ]   |  [ ]  | [ ]   |  [ ]  |
| Isolates self | [ ]   |  [ ]  | [ ]   | [ ]   |
| Self-injurious behavior |  [ ]  |  [ ]  | [ ]   | [ ]   |
| Suicidal ideation |  [ ]  |  [ ]  |  [ ]  |  [ ]  |
| Unusual thought patterns |  [ ]  |  [ ]  |  [ ]  |  [ ]  |
| Lethargic & tired |  [ ]  |  [ ]  |  [ ]  |  [ ]  |
| Demonstrates frequent mood changes | [ ]   |  [ ]  |  [ ]  |  [ ]  |
|  |  |  |  |  |
| **OPPOSITIONAL BEHAVIORS** | **Never** | **Sometimes** | **Often** | **Always** |
| Touchy, easily annoyed |  [ ]  |  [ ]  |  [ ]  |  [ ]  |
| Argues / defiant | [ ]   |  [ ]  |  [ ]  | [ ]   |
| Tantrums |  [ ]  |  [ ]  |  [ ]  | [ ]   |
| Spiteful/mean |  [ ]  |  [ ]  |  [ ]  |  [ ]  |
| Bothers others deliberately |  [ ]  |  [ ]  |  [ ]  |  [ ]  |
| Blames others for own mistakes |  [ ]  | [ ]   |  [ ]  |  [ ]  |
| Shuts down |  [ ]  | [ ]   |  [ ]  |  [ ]  |
|  |  |  |  |  |
| **ANXIETY/WORRY** | **Never** | **Sometimes** | **Often** | **Always** |
| Separation anxiety | [ ]   | [ ]   |  [ ]  | [ ]   |
| Excessive worries |  [ ]  |  [ ]  | [ ]   | [ ]   |
| Difficulty coping |  [ ]  |  [ ]  |  [ ]  | [ ]   |
| Rigid thinking |  [ ]  | [ ]   |  [ ]  |  [ ]  |
| Easily upset |  [ ]  |  [ ]  |  [ ]  |  [ ]  |

**ACADEMIC INFORMATION**

**Reading:**

 Estimated grade levelClick or tap here to enter text.

 Skill deficits:Click or tap here to enter text.

 Skill strengths:Click or tap here to enter text.

 Current course work:Click or tap here to enter text.

 Last MCA test results: Click or tap here to enter text.

 Met [ ] Partially met [ ] Did not meet [ ]

**Language Arts / Written Language:**

Estimated grade levelClick or tap here to enter text.

 Skill deficits:Click or tap here to enter text.

 Skill strengths:Click or tap here to enter text.

 Current course work:Click or tap here to enter text.

 Last MCA test results: Click or tap here to enter text.Met[ ]  Partially met[ ]  Did not meet [ ]

**Math:**

Estimated grade levelClick or tap here to enter text.

 Skill deficits:Click or tap here to enter text.

 Skill strengths:Click or tap here to enter text.

 Current course work:Click or tap here to enter text.

 Last MCA test results: Click or tap here to enter text.Met[ ]  Partially met[ ]  Did not meet [ ]

**Science:**

 Estimated grade levelClick or tap here to enter text.

 Skill deficits:Click or tap here to enter text.

 Skill strengths:Click or tap here to enter text.

 Current course work:Click or tap here to enter text.

 Last MCA test results: Click or tap here to enter text.Met [ ] Partially met[ ]  Did not meet[ ]

**Social Studies:**

 Estimated grade levelClick or tap here to enter text.

 Skill deficits:Click or tap here to enter text.

 Skill strengths:Click or tap here to enter text.

 Current course work:Click or tap here to enter text.