

Referral, Service, and Tuition Agreement for Site-based Services

(Directions on second page of referral at www.district287.org/specialed)

Section A LEARNER INFORMATION

Student Name _____ Birth date _____ Age _____

Grade _____ Gender: Male Female State ID # _____

Student Resides with: Parents Mother Group Home (Name _____)

Foster Parent Father Other _____

Address _____ City _____

State _____ Zip _____ Phone(s) _____

Reason for Referral _____

Location _____ Public Non-Public

Primary Disability _____ Secondary Disability _____

Graduation Standards Year _____ Transportation Code _____

Agencies Currently Serving Student: County Social Worker _____

Rehabilitation Services _____ Other _____

CHECK ALL THAT APPLY

- Open Enrollment
- Student is Own Guardian
- Ward of the State
- MA/MNCare Eligible
- Free/Reduced Lunch Eligible

Section B PARENT/GUARDIAN INFORMATION

Name of Parents or Legal Guardians _____ Surrogate or 2nd Parent _____

Address _____ Address _____

Phone (H) _____ (W) _____ Phone (H) _____ (W) _____

Special Consideration for Parent/Guardians Communication _____

Section C DESIRED 287 PROGRAM

BREN ROAD EDUCATION CENTER

- High School & Transition
- EXPLORE
 - InVEST High School South
 - OPTIONS
 - SAFE
 - STRIVE Secondary
 - STRIVE Transition South

EDGEWOOD EDUCATION CENTER

- Middle & Transition
- EXPLORE Middle
 - Phase North
 - SUN Transition North
 - STRIVE Transition North

SOUTH EDUCATION CENTER

- Elementary, Middle, High School & Transition
- ATTAIN South
 - CIP
 - FOCUS
 - InVEST Transition South
 - Intersect
 - Phase South
 - SUN
 - SUN Transition South
 - VECTOR Basic South
 - VECTOR Low Incidence South
 - VET South

SANDBURG EDUCATION CENTER

- Elementary, Middle & High School
- ATTAIN North
 - CIP
 - Elementary EBD
 - InVEST Middle / OPTIONS Middle
 - SAFE
 - STRIVE Elementary
 - STRIVE Middle
 - STRIVE Secondary
 - SUN

NORTHWEST TECH CENTER

- High School & Transition
- InVEST High School North
 - InVEST Transition North
 - VECTOR Basic North
 - VECTOR Low Incidence North
 - Venture

- 45 Day Interim Alternative Education Placement
- Customized Service
- Program Determination Assistance

VET Northland

VOS

Section D DISTRICT OF LEGAL RESIDENCE (if different than SERVING DISTRICT)

The District of Legal Residence acknowledges the fiscal responsibility for the education services. This includes an Access Fee for students referred directly by a non-member district. This fee is billed by District 287 and is outside of the MDE Tuition Billing System.

District where Parents or Legal Guardian resides: _____ District #: _____

Address: _____ City: _____ State: _____ Zip: _____

***Send Educational information to Special Education Director.**

Section E SERVING DISTRICT INFORMATION

The Serving District is responsible for obtaining Prior Written Notice for a change in educational setting, permission to assess the student and for explaining parent's rights, and shall conduct any conciliation meetings, due process hearings, or appeals.

District Name/#: _____

Address: _____ City: _____ State: _____ Zip: _____

District Contact: _____ Phone or Email _____

Director of Special Education Signature: _____ Date: _____

General Directions

✓ The Serving District responsible for the student's educational services shall complete Sections A, B, C if applicable, D and E. Please be sure to complete the District Contact name & phone/email section, especially if it is different than the Director of Special Education. The signature of the Director of Special Education for the Serving District submitting this referral is still required. Send completed form and Required/Other attachments to:

Intermediate District 287
Student Information Systems
1820 Xenium Lane North
Plymouth, MN 55441-3790

FAX # 763-550-7199

(Attn: Lois Lillie)

✓ District 287 Student Information Systems will process the referral and forward it and other attachments to the desired District 287 program within 24 hours of receipt. A representative of this #287 program will contact the referring district with 48 hours thereafter, to verify receipt of the referral packet, determine any additional information needs, and to initiate plans for the program intake meeting.

✓ IF THE DISTRICT OF LEGAL RESIDENCE IS DIFFERENT THAN THE SERVING DISTRICT, THEN DISTRICT 287 STUDENT INFORMATION SYSTEMS WILL FORWARD NOTIFICATION TO THE DISTRICT OF LEGAL RESIDENCE.

✓ Questions? Please call Lois Lillie @ #763-550-7171

Required Referral Attachments for All Programs

_____ Copy of current **IEP/IIP and Prior Written Notice** (indicating need for change in educational placement)

_____ Copy of current **Special Education Evaluation Report and Evaluation Plan**

Other Referral Attachments

_____ Supplemental Referral Form

_____ Immunization Records

_____ Minnesota Test Results

If applicable

_____ Copy of Transcripts/Grades

_____ Current Psychological Evaluation

_____ Functional Behavior Assessment/Behavior Intervention Plan

_____ Copies of results of vocational interest inventories, work experiences, career assessment, etc.

_____ Medical documentation of a physical disability or other health or sensory impairment