

Name/Title of Person Completing Form \_\_\_\_\_

Phone #(s) \_\_\_\_\_ Email Address \_\_\_\_\_

# Intermediate District 287

RESPONSIVE. INNOVATIVE. SOLUTIONS.

## Supplemental Referral Form

Date: \_\_\_\_\_

Please **remember** to include:

\***Referral, Service & Tuition Agreement form**

\*Copies of current:

- **IEP & Prior Written Notice**

- **Special Education Evaluation Plan & Report**

Student's Name \_\_\_\_\_  
Last First MI

Grade \_\_\_\_\_ Ethnicity \_\_\_\_\_

Current/Last Educational Setting \_\_\_\_\_

Serving District # \_\_\_\_\_ Resident District # \_\_\_\_\_

### PRESENT LEVEL OF INTELLECTUAL PERFORMANCE

Date of I.Q. Testing: \_\_\_\_\_ / Full Scale IQ: \_\_\_\_\_ Standard Score: \_\_\_\_\_ SD\*; \_\_\_\_\_ %ile Rank\*  
\*if known \* if known

### PRESENT LEVEL OF ACADEMIC PERFORMANCE

Grade Equivalent: \_\_\_\_\_ Written Lang. \_\_\_\_\_ Reading \_\_\_\_\_ Math \_\_\_\_\_

MN GRAD Results (date passed): \_\_\_\_\_ Writing \_\_\_\_\_ Reading \_\_\_\_\_ Math \_\_\_\_\_

### EDUCATIONAL HISTORY

When did the student first enter Special Education? \_\_\_\_\_

**Previous Schools Attended (include Residential placements)**

**Federal Setting**

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### CURRENT BEHAVIORAL INFORMATION

Is there a BIP (Behavioral Intervention Plan)?  No  Yes (**please attach**)

Is there a VIF (Violence Information Form)?  No  Yes (**please attach**)

Physical restraint use?  No  Yes/frequency \_\_\_\_\_

School suspensions?  No  Yes/number of days in current academic year \_\_\_\_\_

Bus safety concerns?  No  Yes/explain \_\_\_\_\_

### PHYSICAL HEALTH

The following conditions are present (**circle any/all that apply**):

Allergies; Asthma; Seizures; Vision Concerns; Hearing Concerns; Serious Persistent Illness

Other health concerns: \_\_\_\_\_

Are medications administered at school?  No  Yes (**please attach Health Plan**)

Student uses an inhaler?  No  Yes

### CHEMICAL HEALTH

Are there chemical health concerns?  No  Yes/explain \_\_\_\_\_

**MENTAL HEALTH**

The following are concerns:

- Anxiety related problems
- Attention inattentiveness
- Avoidance
- Difficulty with peer relationships
- Intimidating/assaultive behavior
- Medication compliance
- Mood problems
- Obsessive/compulsive behavior
- Self-injurious behavior
- Sexual inappropriateness
- Suicidal ideation/attempts
- Other: \_\_\_\_\_

The following conditions are medically documented/diagnosed:

- ADHD
- Anxiety Disorder
- Autism/Asperger's Syndrome
- Bipolar
- Conduct Disorder
- Depression
- Dissociative Disorder
- FAS/FAE
- Obsessive Compulsive Disorder
- Oppositional Defiant Disorder
- Pervasive Development Disorder
- Post Traumatic Stress Disorder
- Schizophrenia
- Tic Disorder
- Serious Emotional Disturbance (SED)
- Serious and Persistent Mental Illness (SPMI)

Currently prescribed medications (if known):

- Anti-anxiety (e.g., Doxepin, Sinequan, Buspar, Xanax, Klonopin, Ativan)
- Anti-depressant (e.g., Zoloft, Wellbutrin, Celexa, Prozac, Luvox, Paxil, Trazadone)
- Anti-psychotic (e.g., Seroquel, Zyprexa, Risperdal)
- Mood Stabilizing (e.g., Neurontin, Lithium, Depakote)
- Stimulant (e.g., Ritalin, Adderall, Concerta, Clonidine)
- Other (list): \_\_\_\_\_

**MENTAL HEALTH/SOCIAL SERVICES** (if known)

Current/past mental health &/or social service involvement?  No  Yes/summarize \_\_\_\_\_

Name of County SW: \_\_\_\_\_ Phone #: \_\_\_\_\_

**FAMILY**

The following are documented issues/concerns:

- Child protection involvement
- Death of family member
- Domestic violence
- Family member has a disability or mental illness
- Financial difficulties
- Homelessness
- Mood-altering substance use
- Multiple moves
- Neglect
- Physical abuse
- Sexual abuse
- Sibling conflict
- Other \_\_\_\_\_

**POLICE/CORRECTIONAL HISTORY** (if known)

Court involvement?  No  Yes

Please check all that apply:

- Assault
- Curfew violation
- Destruction of property
- Disorderly conduct
- Drug/alcohol violation
- Fire setting
- Gang involvement
- History of juvenile detention
- Runaway
- Sexual assault
- Stealing, theft, shoplifting
- Terroristic threats
- Tobacco violation
- Traffic violation
- Truancy
- Weapons
- Other \_\_\_\_\_

Incarceration?  No  Yes/date(s) & facility: \_\_\_\_\_

Probation?  No  Yes/date(s): \_\_\_\_\_

Name of Probation Officer: \_\_\_\_\_ Phone #: \_\_\_\_\_

**OTHER COMMENTS:**