

Private Information

Intermediate District 287

RESPONSIVE. INNOVATIVE. SOLUTIONS.

Hennepin Technical Pathways
Student Services Referral Form

Student Name:

Last

First

Home High School/ or Program:

Eden Prairie
952-995-1503

Disability – Indicate **Primary** Disability:

- Learning Disabled - SLD
- Speech Impaired/Language Impairment SPL
- Emotional Behavior Disorder - EBD
- Developmental Cognitive Disorder - DCD

(Please attach IEP)

- Autism Spectrum Disorders - AUTIS
- Other Health Disability - OHD
- Traumatic Brain Injury - TBI
- Physically Impaired - PI

- Deaf/Hard of Hearing – DHH
- Blind/Visually Impaired – VI
- Deaf/Blind – DB
- Other: _____

Most important information regarding student/disability: _____

Specify adaptive equipment or special staff that may accompany student : _____

Medical Needs: _____

Pathways course student enrolled in at HTC: _____

Student Characteristics/Needs as related to Career/Technical Program:

- | | Check One: | If no, reasonable accommodation: |
|---------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------|
| 1. Completes assignments/projects on time | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | _____ |
| 2. Performs well on tests | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | _____ |
| 3. Organized | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | _____ |
| 4. Able to take notes | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | _____ |
| 5. Good attendance/punctual | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | _____ |
| 6. Understands how disability affects performance | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | _____ |
| 7. Works well in a group | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | _____ |
| 8. Accepts help/uses assistance appropriately | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | _____ |
| 9. Respectful behavior towards others | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | _____ |
| 10. Requires environmental adaptation | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | _____ |

Additional Helpful Information: _____

_____ (_____)
Local Contact Person for this Student (Case Manager) (e-mail address) Phone # _____

Signature of Special Education Representative Date _____

Descriptors for Student Characteristics/Needs as Related to Career/Technical Program

- 1. Completes assignments/projects on time**
Demonstrates ability to plan and prioritize.
- 2. Performs well on tests**
Demonstrates knowledge adequately on written or performance tests.
- 3. Organized**
Plans and uses time effectively
- 4. Able to take notes**
Takes notes adequately from text, board, or lecture
- 5. Good attendance/punctual**
- 6. Understands how disability affects performance**
Acknowledges disability and expresses needs.
- 7. Works well in a group**
Cooperative with others to complete tasks
- 8. Accepts help/uses assistance appropriately**
Requests assistance only when necessary; self-advocates
- 9. Respectful behavior towards others**
Appreciates diversity; accepts supervision; accepts authority
- 10. Requires environmental adaptation**
Needs special seating or equipment in learning environment