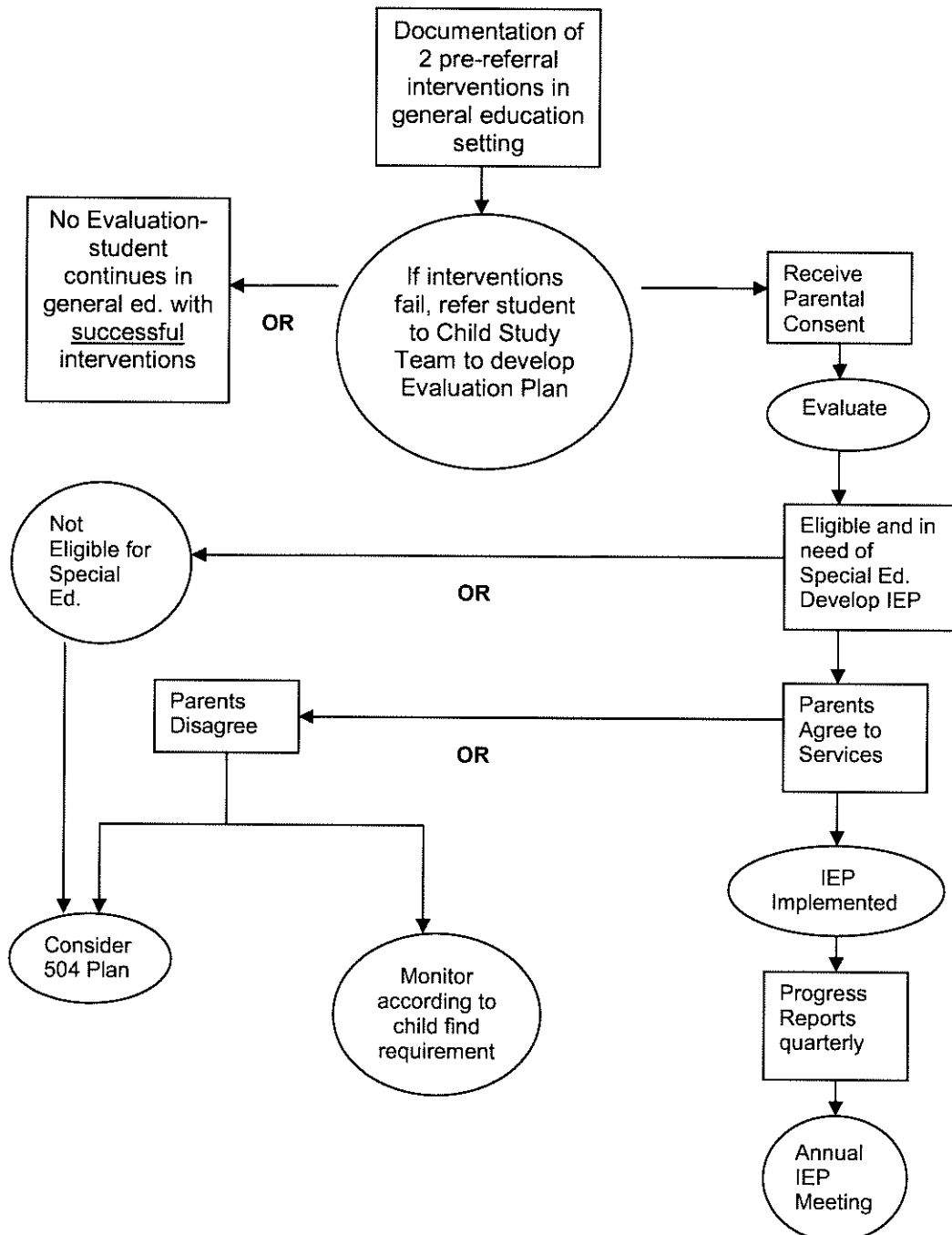


2.0 REFERRAL STANDARDS

Referral is a formal, ongoing process for reviewing information related to learners who possibly have disabilities and show potential signs of needing special education services. The referral process includes district review of screening and other information on referred students, and the district's decision about whether to conduct a formal special education evaluation.

2.0 Referral Standards

2.01 Evaluation Determination Upon Referral



2.01.01 Documentation of Interventions

Legal Citations

Before a student is referred for a special education assessment, the district must conduct and document at least two instructional strategies, alternatives, or interventions while the pupil is in the regular classroom. The student's teacher must provide the documentation. A special education assessment team may waive this requirement when they determine the student's need for the assessment is urgent. This section may not be used to deny a student's right to a special education assessment.

MN.Statute 125A.56(a)

Once the presenting problem is identified by general education staff, it is necessary to conduct pre-referral interventions. Pre-referral interventions are planned, systematic efforts by the problem solving team to resolve apparent learning or behavioral problems. The design and outcome of these interventions must be documented. Several intervention forms are available for district use.

Prior to or as a part of the intervention process, the student's classroom teachers has the responsibility of informing the parent of the concerns and give the parent an opportunity to share information that may have bearing on the student's problems. It is conceivable that the teacher may gain insight from the parents that make it no longer necessary to refer the student. It is critical that parents are involved early in the process so that trust with the staff and school district is developed and nurtured.

2.01.02 Alternative Intervention Services

Legal Citations

A school district shall use alternative intervention services, including the assurance of mastery program under section 124D.66, the supplemental early education program under section 124D.081, or an early intervening services program under subdivision 2 to serve at-risk pupils who demonstrate a need for alternative instructional strategies or interventions.

Minn. Stat125A.56(b)

Early intervening services program.

Early intervening services are not the same thing as early intervention. Early intervention services are for babies and toddlers with disabilities; early intervening services (EIS) are about catching problems early in school-aged children. EIS are aimed at grades K-12, with an emphasis on K-3. This process is about identifying children who are struggling to learn, especially apparent in the early grades, and quickly intervening to provide support.

A district may meet the requirement under subdivision 1 by establishing an early intervening services program that includes:

- A. A system of valid and reliable general outcome measures aligned to state academic standards that is administered at least three times per year to pupils in kindergarten through grade 8 who need additional academic or behavioral support to succeed in the general education environment. The school must provide interim assessments that measure pupils' performance three times per year and implement progress monitoring appropriate to the pupil. For purposes of this section, "progress monitoring" means the frequent and continuous measurement of a pupil's performance that includes these three interim assessments and other pupil assessments during the school year. A school, at its discretion, may allow pupils in grades 9 through 12 to participate in interim assessments;
- B. A system of scientific, research-based instruction and intervention; and
- C. An organizational plan that allows teachers, paraprofessionals, and volunteers funded through various sources to work as a grade-level team or use another configuration across grades and settings to deliver instruction. The team must be trained in scientific, research-based instruction and intervention. Teachers and paraprofessionals at a site operating under this paragraph must work collaboratively with those pupils who need additional academic or behavioral support to succeed in a general education environment.

As an intervention under paragraph (a), clause (2), staff generating special education aid under section 125A.76 may provide small group instruction to pupils who need additional academic or behavioral support to succeed in the general education environment. Small group instruction that includes pupils with a disability may be provided in the general education environment if the needs of the pupils with a disability are met, consistent with their individual education plans, and all pupils in the group receive the same level of instruction and make the same progress in the instruction or intervention. Teachers and paraprofessionals must ensure that the needs of pupils with a disability participating in small group instruction under this paragraph remain the focus of the instruction. Expenditures attributable to the time special education staff spends providing instruction to nondisabled pupils in this circumstance is eligible for special education aid under section 125A.76 as an incidental benefit if:

- A. The group consists primarily of disabled pupils;
- B. No special education staff are added to meet nondisabled pupils' needs; and
- C. The primary purpose of the instruction is to implement the individual education plans of pupils with a disability in this group.

Expenditures attributable to the time special education staff spends providing small group instruction to nondisabled pupils that affords more than an incidental benefit to such pupils is not eligible for special education aid under section 125A.76, except that such expenditures may be included in the alternative delivery initial aid adjustment under section 125A.78 if the district has an approved program under section 125A.50. During each 60-day period that a nondisabled pupil participates in small group instruction under this paragraph, the pupil's progress monitoring data must be examined to determine whether the pupil is making progress and, if the pupil is not making progress, the pupil's intervention strategies must be changed or the pupil must be referred for a special education evaluation.

Pre-referral interventions, as a part of early intervening services are the responsibility of general education teachers with the support and consultation of the principal, special education teachers, school psychologist, school social worker, and other specialists. This process is typically conducted by a problem solving team. Existing data from MCA II and curriculum based measures (CBM) should be reviewed in order to clearly identify the issue of concern. The problem solving team needs to develop criteria and indicators to determine whether or not an intervention is successful. Response to intervention (RTI) is an approach for sorting out whether a struggling child really is a "child with a disability" as defined by IDEA or just needs more intensive regular education strategies to succeed in school. RTI usually consists of 3 levels of assistance. When a student is identified as struggling to learn either through a system wide screening test or through teacher observation or testing, an RTI process may be used to see how the student responds to deliberate research-based interventions and other direct supports. If the student fails to make satisfactory progress at any level, the problem solving team should review the progress and determine if the frequency, intensity or change in the intervention should occur.

2.02 Nonpublic and Interagency Referral

2.02.01 Procedures for Receiving Referrals

Legal Citations

Notwithstanding any age limits in laws to the contrary, special instruction and services must be provided from birth until July 1 after the child with a disability becomes 21 years old but shall not extend beyond secondary school or its equivalent, except as provided in section 124D.68, subdivision 2. Local health, education, and social service agencies must refer children under age five who are known to need or suspected of needing special instruction and services to the school district. Districts with less than the minimum number of eligible children with a disability as determined by the commissioner must cooperate with other districts to maintain a full range of programs for education and services for children with a disability. This section does not alter the compulsory attendance requirements of section 120A.22.

MN Statute 125A.03(b)

Student Support Teams

General education teachers can effectively meet some of the needs of many students with learning and behavior problems within the general education classroom. Situations arise, however, when a teacher needs a support system to help with students who present unique learning and adjustment problems. Student support teams may assist general educators in solving these problems by determining appropriate pre-referral interventions. Pre-referral interventions help determine if the student's learning problem is specific to the student or a result of the method of instruction or other classroom variables. A pre-referral team meeting is particularly important in creating a partnership between the school and family; it is an opportunity to collect information about the student.

Student support teams are generally composed of regular education teachers, counselor, school nurse, building principal and others as appropriate such as licensed special education personnel, speech clinician and school psychologist.

When general education resources are unable to resolve the presenting problem, the referral should be given to the student support facilitator to be discussed at the next student support meeting. The facilitator is responsible for ensuring that the learner's cumulative file, health record, etc. are made available for the meeting. The review of existing data is the first step of required parent involvement under IDEA '97. The team must make a determination, given the presenting problems and data gathered to date, whether a referral for a special education assessment is warranted. If deemed necessary, the student is formally referred for a special education assessment and the parent's written permission is required in order to proceed.

The function of the student support team is to:

- A. Behaviorally clarify the presenting problem;
- B. Pull together and consider existing information as it relates to the presenting problem;
- C. Gather additional information within the general education setting utilizing general education personnel and/or procedures; and
- D. Determine appropriate course of action in attempting to resolve the presenting problem.
- E. May act as a vehicle for completing assessment determination forms when special education assessment seems appropriate.

The student's parent must be provided an opportunity to participate in this review. Best practice would suggest that the parent be contacted by phone prior to sending a Notice of a Team Meeting in order to schedule a convenient date.

2.02.02 Making Referrals

Legal Citations

The Interagency Early Intervention Committee must develop and implement interagency policies and procedures concerning the following ongoing duties:

- A. establish and evaluate the identification, referral, child and family assessment systems, procedural safeguard process, and community learning systems to recommend, where necessary, alterations and improvements.

MN Statute 125A.30(b)(3)

2.03 Infant and Toddler Referral

2.03.01 Referral Procedures

Legal Citations

The child find system must include procedures for use by primary referral sources for referring a child to the appropriate public agency within the system for:

- A. Evaluation and assessment or
- B. As appropriate the provision of services.

The procedures required in this section must:

- A. Provide for an effective method of making referrals by primary referral sources;
- B. Ensure that referrals are made no more than two working days after a child has been identified; and
- C. Include procedures for determining the extent to which primary referral sources, especially hospitals and physicians, disseminate the information, prepared by the lead agency on the availability of early intervention services to parents of infants and toddlers with disabilities.

34 C.F.R. 303.321(d)(1)-(2).

2.03.02 Referral Sources

Legal Citations

Primary referral sources include:

- A. Hospitals, including prenatal and postnatal care facilities;
- B. Physicians
- C. Parents
- D. Day care programs;
- E. Local education agencies;
- F. Public health facilities;
- G. Other social service agencies; and
- H. Other health care providers.

34 C.F.R. 303.321(d)(3)

2.03.03 Appointment of Service Coordinator

Legal Citations

Once a public service agency receives a referral, it shall appoint a service coordinator as soon as possible.

34 C.F.R. 303.321(e)(1)

The team developing the Individual Family Service Plan (IFSP) under 125A.32 must select a service coordinator to carry out service coordination activities on an interagency basis. Service coordination must actively promote a family's capacity and competency to identify, obtain, coordinate, monitor, and evaluate resources and services to meet the family's needs. Service coordination must include:

- A. Coordinating the performance of evaluations and assessments;
- B. Facilitating and participating in the development, review, and evaluation of individualized family service plans;
- C. Assisting families in identifying available service providers;

- D. Coordinating and monitoring the delivery of available services;
- E. Informing families of the availability of advocacy services;
- F. Coordinating with the medical, health, and other service providers;
- G. Facilitating the development of a transition plan at least 90 days before the time the child is no longer eligible for early intervention services, if appropriate;
- H. Managing the early intervention record and submitting additional information to the local primary agency at the time of the periodic review and annual evaluations; and
- I. Notifying a local primary agency when disputes between agencies impact service delivery required by an IFSP.
- J. A service coordinator must be knowledgeable about children and families receiving services under this section, requirements of state and federal law, and services available in the interagency early childhood intervention system.

Minn. Stat. 125A.33.

REFERRAL FORM
INTERVENTION FORM

INTERVENTION FORM

() 1 () 2

An intervention must be implemented consistently by the team for a number of weeks.

Date started (month/day/year) _____

Date completed (month/day/year) _____

Intervention used: (be specific-where, when, how, etc.)

Follow-up: What was the effect of the outcome (what impact did it have for the identified behavior)?

- Decision:
- Continue intervention - progress being made
 - Try another intervention
 - Refer for Special Education for Assessment (before referral, two consecutive interventions must have been tried, each lasting a number of weeks)

SPECIAL SERVICES REFERRAL FORM
SHERBURNE AND NORTHERN WRIGHT COUNTY SPECIAL EDUCATION COOPERATIVE
 (Becker, Big Lake, Monticello, St. Michael-Albertville)

DATE: _____

STUDENT NAME: _____

SEX: M F

ID: - - -
 (access number from building personnel)

DOB: _____

PARENT/GUARDIAN: _____

GRADE: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PARENT/GUARDIAN PHONE: _____ SCHOOL: _____

REFERRED BY: _____
(Name) (Title)

1. Reason for Referral (be specific):

2. Documentation of TWO required learner interventions for each area of concern:
(See Minnesota State Statute 126.237 below)

Area(s) of Concern	Description of Interventions	Duration	Outcome(s)

Minnesota Statute 126.237
 Before a pupil is referred for a special education assessment, the district must conduct and document at least two instructional strategies, alternatives, or interventions while the pupil is in the regular classroom. The pupil's teacher must provide the documentation. A special education assessment team may waive this requirement when they determine the pupil's need for the assessment is urgent. This section may not be used to deny a pupil's right to a special education assessment.

Copies to: Referring Teacher School Records Assessment Manager

Summarize observations of specific behaviors related to concern:

Summary of student's file (health records, test scores, attendance, report card grades, previous evaluation, etc) pertinent to concern:

Document the colleagues with whom you've discussed your concern, meeting dates/times, and a summary of these discussions. You must consult with special education staff prior to referring for special education evaluation. (Other colleagues may include, previous teacher, principals, etc.)

Date: _____ Name: _____ Position: _____

Summary: _____

Date: _____ Name: _____ Position: _____

Summary: _____

Date: _____ Name: _____ Position: _____

Summary: _____

Document the phone or personal conversations you've had with parents. Parent contact is absolutely necessary during the intervention stage. A conversation with parent discussing interventions and intent for special education referral and evaluation must be done prior to referring.

Date: _____ Name: _____ Relation to Student: _____

Summary: _____

Date: _____ Name: _____ Relation to Student: _____

Summary: _____

Date: _____ Name: _____ Relation to Student: _____

Summary: _____

- D. Coordinating and monitoring the delivery of available services;
- E. Informing families of the availability of advocacy services;
- F. Coordinating with the medical, health, and other service providers;
- G. Facilitating the development of a transition plan at least 90 days before the time the child is no longer eligible for early intervention services, if appropriate;
- H. Managing the early intervention record and submitting additional information to the local primary agency at the time of the periodic review and annual evaluations; and
- I. Notifying a local primary agency when disputes between agencies impact service delivery required by an IFSP.
- J. A service coordinator must be knowledgeable about children and families receiving services under this section, requirements of state and federal law, and services available in the interagency early childhood intervention system.

Minn. Stat. 125A.33.