



Lakes Country Academy

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**Serving 27 Region IV LCSC Member Districts
 Special Education Setting IV K-12 Classrooms
 in Fergus Falls and K-5 in Alexandria**

Referral Form

Student Information

Last	First	Date of Referral
Grade/Gender	Date of Birth	School Building
Parent/Guardian Name(s)		Home Phone
Home Address		

Student's Identified Disability Area(s):	
Students Service Minutes/Areas:	
Current Setting (i.e., III, IV, V):	Altered (Shortened) School Day? If yes, length of day:

District Information

Referral District	Legal/Parent Resident District
Referring District Contact	District Contact Phone
Case Manager	Case Manager Phone/Email
Name of person completing referral	District MARSS contact person
Consideration of referral approved by: _____	Student MARSS ID
Signature of Referring District Special Ed Director	

Academic Data

Reading	
Estimated Grade Level and Lexile	
Skill Deficits	
Skills Strengths	
Current Coursework (ex-HS-classes, elem-curriculum or SpEd curriculum)	
Current MCA Test Results	Score: _____ o Met o Partially Met o Did Not Meet
Current Progress Monitor Score	Attach Progress Monitoring Data Printout

Written Language	
Estimated Grade Level	
Skill Deficits	
Skills Strengths	
Current Coursework (ex-HS-classes, Elem-curriculum or SpEd curriculum)	
Current Progress Monitor Score	Attach Progress Monitoring Data Printout

Math	
Estimated Grade Level	
Skill Deficits	
Skills Strengths	
Current Coursework (ex-HS-classes, Elem-curriculum or SpEd curriculum)	
Current MCA Test Results	Score: _____ o Met o Partially Met o Did Not Meet
Current Progress Monitor Score	Attach Progress Monitoring Data Printout

Behavior Data

***This form is a compilation of most recent 30-60 days of frequency data. Copy this form as needed. May attach data sheets in lieu of filling out sections below.**

Student's Aggression: _____

Define the aggressive acts (or class of behaviors, such as hitting, biting, punching etc. occurring as one incident)

- Aggressive acts are defined as making contact with another person as defined above.
- Consider if you are taking data during a specific activity (i.e., reading) or taking data across the whole day.

Behavior: Aggression																		
Dates																		
# of																		

Student's Self Injurious Behaviors

Define the self-injurious behaviors: _____

- Self Injurious acts are defined as bruising, breaking of the skin, forceful contact of body with object, can be repetitive, i.e. head banging, picking at skin, cutting, scratching.
- Consider how many days per month student engages in this behavior.

Behavior: Self Injurious																		
Dates																		
# of																		

Property Destruction: _____

Define property the destruction

- Property destruction is defined as forcefully damaging materials within the school environment.
- Consider if you are taking data during a specific activity or taking data across the whole day.

Behavior: Property Destruction																		
Dates																		
# of																		

Disruptive (or noncompliant) Behavior: _____

Define the student's disruptive (or noncompliant) behavior

- Disruptive or noncompliant behavior is when the student engages in some other behavior than the direction or rule to be followed the first time asked.
- Think about if the disruptive behavior is disrupting other students or is the behavior disrupting the student's participation in the routine (i.e., quiet refusal).
- Consider if you are taking data during a specific activity or taking data across the whole day.

Behavior: Disruptive/Noncompliance Behavior:																
Dates																
# of																

Provide information about three behaviors that prompted this referral.
 *Please use space below or attach additional sheet(s) as needed.

Behavior 1:	
Behavior 2:	
Behavior 3:	

Disciplinary Incidences:

Number of suspension days in current school year Out of School Suspension In School Suspension	Total # _____ Out of School # _____ In School # _____
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Number of restricted procedures (MDE reporting standard) Seclusion Physical Holding	Total # _____ Seclusion # _____ Physical Holding # _____
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Summary:

Please summarize the IEP's team's basis for a referral to a more restrictive programming-including specific considerations of resident district programming options and interventions that have been tried -- successful or not successful. Include any history of violent behaviors. Include history of BIPs/PBSPs and FBAs.

*Please use space below or attach additional sheet(s) as needed.