

BHASED Referral To Modified/Itinerant Adaptive P.E. Services

The interdistrict programs are available to all of the fifteen member school districts. Referral for these services is much the same as referral for any special education services.

The referral initially may come from a parent, an agency, school personnel, or anyone else concerned with the child's welfare.

The process can begin with a verbal request for services to the local district, but it must be put into writing by the school district personnel. This confirms the district's agreement that the referral is appropriate. The BHASED assistant can be a valuable resource when making this determination.

STEPS

1. Local district staff refers to the key contact person identified within the district.
2. The key contact person/BHASED assistant will assist the district team in determining whether or not they have exhausted local options.
3. ***If it is considered appropriate and a case study has not been completed previously, it should be completed at this time.*** If the case study is valid, those components which provide the rationale for a referral to a more restrictive program must be updated.
 - a. ***Reason for Change:***
 1. Health – medication changes and effects; changes in health status and impact on education.
 2. More Intensive Program – what indicates a need for change within the local district program?
 3. More Restrictive Program with Greater Structure/Supervision – what specifically indicates the need for greater limits.
4. The BHASED assistant will verify that the interdistrict program is aware of the pending referral. The assistant will work as a liaison between the interdistrict program and the local district in order to facilitate fact finding and completion of the necessary packet of information.
5. A copy of the completed case study, current health record, building registration form, and the most recent IEP will be attached to the referral.
6. Release of information should be signed by the parent to release any reports (generated by agencies or organizations other than the school district) to the interdistrict program. If a release involves a mental health agency, the student must also sign if age 12 or older.
7. When a student with an active IEP moves into the BHASED region or is court ordered into placement **and** the IEP or available information clearly reflects placement in a BHASED interdistrict program, the local district and the interdistrict staff shall cooperatively work to expedite the placement.

The following records shall minimally be made available to the prospective receiving teachers and interdistrict program administrator:

1. A Current IEP – If a “paper” IEP is not available either through parent, mail, or fax, an IEP meeting must be held in an expedited manner and an IEP developed prior to placement. Information for the IEP can be obtained by communicating with the sending school via telephone by LEA staff prior to the IEP meeting.

Other school records shall be provided to the office of the interdistrict program as soon as they become available. If the remainder of the student school record is not available (i.e., case study records), a case study shall be initiated within 30 days and the case study completed within 90 days after the first day of the placement of the student. The interdistrict team in collaboration with local district personnel will complete the case study and determine level and class placement.

Within 4 – 6 weeks after the first day of placement, the IEP team will meet to confirm or amend the student’s IEP. If a case study has been initiated, the meeting will not occur until the case study has been completed.

BHASED Referral Packet for Modified/Itinerant Adapted P.E. Services

PURPOSE

To request a comprehensive assessment of a child with a disability or one suspected of being disabled with regard to their possible need for adapted/modified physical education services. Adapted PE services may or may not be necessary for the student to receive an appropriate education.

WHEN TO REFER

- Transitional Levels (i.e., Elementary to Jr. High)
- Initial/Reevaluation Process
- Individual Education Plan
- New Student to District
- Sudden Traumatic Events
- Other

REFERRAL PROCESS

1. Complete referral form and attach supporting documentation *.
2. Building Principal and/or Special Education Coordinator signs referral.
3. Referral is submitted to BHASED.
4. Evaluation/consultation is completed and findings are conveyed to district.
5. Appropriate follow-up is provided.

*PLEASE CHECK AND ATTACH ANY OF THE AVAILABLE FOLLOWING DOCUMENTATION

- Current Psychological Teacher Summary Form
 Current IEP Release of Information (medical/educational records)
 Other pertinent information _____

Student's Legal Name:	Birthdate:	Sex:
District:	Building:	Grade:
Teacher:	Disability/Program Type:	
Parent/Guardian:	Referred By:	
Address:	Phone:	
Phone:	Title:	Date:

Teacher Summary Report Modified/Itinerant Adapted P.E. Services

Student's Name: _____ DOB: _____

INSTRUCTIONS FOR USE

The team should provide information regarding this student's performance in the following areas in relation to program expectations for participation and in comparison with peers within his/her educational setting. When describing, indicate severity and/or frequency of interference with the student's program. If the team has not been able to observe some of the following, NA may be utilized. Please respond to all questions.

MOBILITY & PHYSICAL PERFORMANCE

- a) Does the student move independently? Yes No N/A
Describe:
- b) Move safely from one position to another? Yes No N/A
Describe:
- c) Move safely within the educational environment? Yes No N/A
Describe:
- d) Is the child fearful of movement? Yes No N/A
Describe:
- e) What is the student's means of mobility (e.g. crawling, walking, etc.) Yes No N/A
Describe:
- f) What devices are used for mobility? Yes No N/A
Describe:
- g) Does the student's physical performance enable effective participation? Yes No N/A
Describe:
- h) Demonstrates strength/endurance to complete required activities? Yes No N/A
Describe:
- i) Sequences large muscle movements in gross motor activities? Yes No N/A
Describe:
- j) Understanding instructions to effectively perform skills or game rules? Yes No N/A

(over)

k) Uses smooth, controlled motor movements?

Yes No N/A

Describe:

l) Displays posture appropriate for activities?

Yes No N/A

Describe:

m) Is secure and comfortable on playground equipment?

Yes No N/A

Describe:

How does this student's overall physical performance impact his/her participation or work in the regular physical education program?

What do you view as this student's areas of strength?

Approved By: _____
(Building Principal)

Date: _____

Approved By: _____
(Special Education Coordinator)

Date: _____