

REFERRAL PACKET FOR SKIP/BLACK HAWK AREA EDUCATION CENTER

Child's Name	School District
School Attending	Grade/Special Education Program
Person Making Referral	BHASED Assistant

Birthdate: _____ Age: _____ Sex: _____

Parent/Guardian: _____

Address: _____

Home Phone: _____ Business Phone: _____

Does the child have any identified handicaps? ___ Vision ___ Hearing ___ Speech/Language
 ___ Other (Please describe)

Has the child been retained? _____ If so, in what grade? _____

What do you see as the child's major problem(s) in the classroom? Please rank the following according to severity, omitting those items that do not apply.

Poor Academic Functioning	_____	Poor Memory	_____
Difficulty with Peer Relationships	_____	Difficulty Completing Assignments	_____
Disruptive Behavior	_____	Speech/Language Skills	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 1.) IT IS NECESSARY THAT THIS ENTIRE PACKET BE COMPLETED.
- 2.) BHASED ASSISTANT WILL PROVIDE THIS PACKET TO REFERRING PARTY.
- 3.) BHASED ASSISTANT WILL DELIVER THIS PACKET TO BHAEC REFERRAL TEAM.
- 4.) ADDITIONAL DATA MAY BE REQUESTED BY BHAEC REFERRAL TEAM.

_____ District Special Education Coordinator

_____ Date

Any parent Contacts regarding student problems prior to referral? _____ Please review below and indicate what options and treatment were discussed and attempted:

Do parents have any specific concerns or comments about their child's education? _____

CHECKLIST TO BE FOLLOWED:

1. PLEASE INDICATE INTERVENTION STRATEGIES ATTEMPTED AND ATTACH TO THIS PACKET.
2. PLEASE ATTACH CURRENT INDIVIDUAL EDUCATION PLANS AND IF APPLICABLE ANY INDIVIDUAL/CONTRACTUAL BEHAVIOR MANAGEMENT PLANS.
3. PLEASE INCLUDE A FULL CASE STUDY EVALUATION(S) AND ATTACH TO THIS PACKET.
4. PLEASE ATTACH SPECIALIZED EVALUATIONS TO THIS PACKET.
5. CASE STUDY SHOULD HAVE THE FOLLOWING COMPONENTS:
 - Parent Notified of Rights and Procedures
 - Signed Parental Permission to Evaluate
 - Interview with Student
 - Parent Consultation
 - Social Developmental Study/Cultural Background Assessment
 - Medical/Health History/State of Illinois Physical Form including Immunization Records
 - Vision/hearing Screening
 - Teacher Summary Report/Current Educational Functioning
 - Learning Process/Academic History/Educational Achievement
 - Assessment of Learning Environment and Classroom Observation
 - Psychological Evaluation
 - Adaptive Behavior Assessment
 - Specialized Evaluations