

## Referral Checklist for Placement in Self-Contained Classroom

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_

In order for placement to be considered the \* items shall be in effect or shall have been done under applicable timelines.

- |   |    |   |
|---|----|---|
| Yes   | No | Exceptionality is ED (formerly BD) or OHI (please mark which one) *   |
| Yes   | No | Is the student in a resource room 60% of the school day or more?*   |
| (Please document the progress of service time from least restrictive to more: _____)                    |    |   |
| Yes   | No | If the above answer is no, does the student have access to a special education paraprofessional for 60% or more of a school day?*                                     |
| Yes   | No | Does the IEP reflect goals and objectives for positive supports? *  |
| Yes   | No | Has our School Social Worker provided services on the IEP to the student? *   |
| Yes   | No | Has the appropriate ED Self-Contained Coop Teacher been contacted?*   |
| (Circle those that apply: for observation, for teacher consultation, or for strategies/ interventions?) |    |   |
| Yes   | No | Has a Functional Behavior Assessment (FBA) been completed?*   |
| (Please Note Date _____)  |    |   |
| Yes   | No | Has a Behavior Intervention Plan (BIP) been written using the FBA results and it appears that all options have been exhausted?*                                       |
| (Please Note Date _____)  |    |   |
| Yes   | No | Has the BIP been implemented for at least 4 – 6 months?   |
| Yes   | No | Has the BIP been revised at least once? When? (Date _____)  |
| Yes   | No | Have office referrals been documented? How many this year? _____  |
| _____   |    |   |
| Yes   | No | Staff have documented the number of days the student has been in detention or suspended (in school/out of school)?  |
| Yes   | No | Staff have documented the reasons why the student has been suspended?   |
| Yes   | No | Has there been a need to hold a manifestation determination meeting?  |
| Yes   | No | Has the student had a mental health consultation (outside the school setting?)*   |
| When? (Date _____) By Whom? _____   |    |   |
| Diagnosis: (required)   |    |   |
| Yes   | No | Have there been any crisis-type situations with this student lately, e.g. suicide attempts, suicidal ideation, running away from school, threatening to kill someone? |
| Yes   | No | Does the student consistently impede others from learning?  |
| Yes   | No | Does the student consistently impede his/her own self from learning?  |
| Yes   | No | Do you regard this student as dangerous to his/her own self or others?  |
| Yes   | No | Does the student impede the ability of the teacher from teaching?   |
| Yes   | No | Have failing grades been documented?  |
| Yes   | No | Have absenteeisms been documented?  |
| Yes   | No | Have tardies been documented?   |
| Yes   | No | Have bus referrals been documented?   |
| Yes   | No | Referral to Self-contained completed (this form). *   |
| Yes   | No | Has staffing meeting been scheduled (w/o parents)?  |
| Yes   | No | Has a new I.E.P. been drafted?  |