

**LANE EDUCATION SERVICE DISTRICT  
LANE SCHOOL/COMPREHENSIVE SERVICES PROGRAM**

**REFERRAL PACKET**

**Student Referral for Out-of District Placement**

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

Home School \_\_\_\_\_ Grade \_\_\_\_\_

SSID # for State Testing \_\_\_\_\_

Medications: \_\_\_\_\_

Parent/Guardian:

\_\_\_\_\_ Phone \_\_\_\_\_

Student resides with: \_\_\_\_\_ Relationship: \_\_\_\_\_

District Contact \_\_\_\_\_ Phone \_\_\_\_\_

**CURRENT PLACEMENT:** (check one)

- Full time regular class placement
- Part-time resource room/part time regular class placement
- Full time placement in self-contained classroom
- Self-contained day school placement/residential placement
- District tutoring (# of hrs. per week \_\_\_\_\_)
- Other \_\_\_\_\_

**CURRENT PLACEMENT SUPPORT NEEDS:** (check all that apply)

- Small group instruction
- 1:1 staffing and/or instruction
- Breaks (sensory, activity, etc.) frequency \_\_\_\_\_
- Access to mental health provider (on or off site)
- Safety Plan/Safety Interventions
- ASD/Behavior Consultation
- Access to other agency support

**PROGRAM RECOMMENDATION:** (check one)

- Lane School Program (LSP): \_\_\_\_\_ K-3 \_\_\_\_\_ 4-8
- Comprehensive Service Program CSP): \_\_\_\_\_ K-3 \_\_\_\_\_ 4-8
- LSP/CSP Administrator to Make Recommendation

\_\_\_\_\_

Special Education Coordinator Signature

\_\_\_\_\_

Date

**LANE EDUCATION SERVICE DISTRICT**  
**LANE SCHOOL PROGRAM/COMPREHENSIVE SERVICES PROGRAM**

**REFERRAL PROCESS**

**Student Referral for Lane School Placement**

Referral for a Lane School or Comprehensive Service Placement is a 3-step process:

**Step 1 (A):** District Submits the following **REQUIRED** items from the student file:

- |   | <u>Check when Completed</u> |
|---|-----------------------------|
| a. A copy of current IEP  | <input type="checkbox"/>    |
| b. A copy of current Special Education Eligibility                                    | <input type="checkbox"/>    |
| c. A copy of the most recent psychological evaluation                                 | <input type="checkbox"/>    |
| d. Functional Behavioral Assessment/FACTS   | <input type="checkbox"/>    |
| e. Behavior Support Plan  | <input type="checkbox"/>    |
| f. SWIS Data/Serious Incident Data  | <input type="checkbox"/>    |
| g. Work Samples   | <input type="checkbox"/>    |
| h. Copy of immunization form  | <input type="checkbox"/>    |
| i. Copy of mental/behavioral health report or evaluation (for CSP consideration only) | <input type="checkbox"/>    |

**Step 1(B):** District submits the following **REQUIRED** ESD Forms:

- |                                       | <u>Page</u> |                          |
|---------------------------------------|-------------|--------------------------|
| a. Permission to Exchange Information | 3           | <input type="checkbox"/> |
| b. Parent Information Form            | 4           | <input type="checkbox"/> |
| c. Behaviors of Concern Summary       | 5           | <input type="checkbox"/> |
| d. Current Academic Skills Worksheet  | 6           | <input type="checkbox"/> |

**Step 1(C):** Packet reviewed by Program Administrator and follow-up with district.

Decision Outcome: \_\_\_\_\_

**Step 2:** A tour, and informational meeting with parent, student, district representative, and program staff.

- |                                   |                          |
|-----------------------------------|--------------------------|
| a. Tour and informational meeting | <input type="checkbox"/> |
| b. A tentative intake date is set | <input type="checkbox"/> |

Decision Outcome: \_\_\_\_\_

**Step 3:** Intake

- |  |                          |
|--|--------------------------|
| a. Parent completes Intake Packet                                  | <input type="checkbox"/> |
| b. Program procedures are discussed with parent and student        | <input type="checkbox"/> |
| c. IEP reviewed and change of placement form completed             | <input type="checkbox"/> |
| d. Physician release / meds info / release signed                  | <input type="checkbox"/> |
| e. Community agency involvement / releases signed                  | <input type="checkbox"/> |
| f. Transportation arranged by district representative              | <input type="checkbox"/> |
| g. Entry date confirmed  | <input type="checkbox"/> |
| h. Parent meets with Wraparound Staff/CANS administered (CSP only) | <input type="checkbox"/> |

**LANE EDUCATION SERVICE DISTRICT  
LANE SCHOOL PROGRAM/COMPREHENSIVE SERVICES PROGRAM**

**PERMISSION TO RELEASE OR EXCHANGE INFORMATION/PERMISSION TO OBSERVE**

I give my written permission to: \_\_\_\_\_  
Name of School District, Provider, Agency, or Doctor

to release the following information concerning \_\_\_\_\_  
for educational planning/appropriate placement services.

**INFORMATION REQUESTED** (Check items desired)

- \_\_\_\_\_ Student Education Records
- \_\_\_\_\_ Test Scores/Psychological Reports
- \_\_\_\_\_ Personality and/or Interest Assessments
- \_\_\_\_\_ Social Work Reports
- \_\_\_\_\_ Medical Information
- \_\_\_\_\_ Individual Education Plan (IEP)
- \_\_\_\_\_ Speech/Language and Hearing Records
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Date

In accordance with the requirements of the Family Educational Rights and Privacy Act, education records maintained by an educational agency on/about a student may not be shared with any other agency without the written consent of the parent, guardian, or the student (if eighteen years or older). All records added to student file may be open to parent.

PLEASE SEND TO: LANE SCHOOL/COMPREHENSIVE SERVICE PROGRAM  
LANE EDUCATION SERVICE DISTRICT  
1717 CITY VIEW  
EUGENE, OR 97402  
PHONE: 541-463-8500 FAX: 541-302-0938

BY SIGNING BELOW I GIVE MY PERMISSION FOR THE LANE EDUCATION SERVICE DISTRICT STAFF TO OBSERVE AND CONSULT REGARDING MY CHILD.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

**LANE EDUCATION SERVICE DISTRICT  
LANE SCHOOL**

**PARENT INFORMATION FORM**

Parent's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

District: \_\_\_\_\_

Contact Person in District: \_\_\_\_\_

Phone \_\_\_\_\_

Parents: Your child is being considered for an out-of-district placement. We would like to include important information about your child's interests and strengths as we develop a plan for your child. Please complete this form at your earliest convenience and return it to the contact person listed above. Thank you!

Describe your child's strengths. (This may include your child's interests / hobbies / free-time activities.)

List the behaviors that you are most concerned about, and would like to see addressed.

What strategies have you tried at home that were successful in maintaining positive behavior?

Is there additional information that you would like to share about your child that could help us to develop an appropriate plan for your child?

**LANE EDUCATION SERVICE DISTRICT  
LANE SCHOOL PROGRAM/COMPREHENSIVE SERVICES PROGRAM**

**BEHAVIORS OF CONCERN SUMMARY**

**BEHAVIORS OF CONCERN:**

Please list any additional behaviors of concern not included in the student's FBA/BSP. These are behaviors which need to be addressed in order for the student to be successful in school.

- 1.
- 2.
- 3.
- 4.
- 5.

**INTERVENTIONS THAT HAVE BEEN TRIED:**

Briefly describe any interventions that have been tried (in addition to the BSP/FBA) and comment on the degree of effectiveness. Please attach behavior plans and data on these interventions.

BEHAVIOR INTERVENTIONS:	HOW LONG?	SUCCESSFUL?
1.		YES NO
2.		YES NO
3.		YES NO

**ADDITIONAL INFORMATION:**

HAS THE STUDENT EXHIBITED:

(check all that apply)

- TRUANCY
- SELF-INJURIOUS BEHAVIOR
- TANTRUMS OR THROWING OBJECTS
- THEFT
- SERIOUS VANDALISM
- ARSON
- SUBSTANCE ABUSE
- ASSAULTIVE BEHAVIOR
- WEAPONS AT SCHOOL

IF YES TO ANY OF THESE QUESTIONS, PLEASE DESCRIBE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER SERIOUS BEHAVIORS: \_\_\_\_\_

\_\_\_\_\_

**LANE EDUCATION SERVICE DISTRICT                      CURRENT ACADEMIC SKILLS SHEET**  
**LANE SCHOOL PROGRAM/COMPREHENSIVE SERVICES PROGRAM**

Please describe the specific skills and materials that this child is currently working on. This will assist us in developing an appropriate educational program.

<b>SUBJECT</b>	<b>SPECIFIC SKILL LEVELS CURRENTLY BEING TAUGHT</b>	<b>TEXTS AND OTHER MATERIALS &amp; GRADE LEVEL</b>
<b>READING</b>		
<b>MATH</b>		
<b>WRITTEN LANGUAGE/SPELLING</b>		
<b>SOCIAL STUDIES/SCIENCE</b>		

**ACADEMIC WORK SAMPLES**

We would like the following types of work samples attached to this packet::

WRITING: A recent sample of writing that shows the student’s skills in spelling, capitalization and punctuation, and sentence structure.

READING:        A copy of a page from the student’s current reading material, with notations as to the quality of a student’s oral reading ability, noting errors and number of words read per minute

MATH:        Samples, which show the level of functioning and the skills mastered

These work samples will assist us in placing the student at the appropriate instructional level.

If you need clarification or assistance in completing the packet, you may contact a Lane ESD Supervisor at (541) 463-8500    Fax (541) 302-0938