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| **NLC Centered Logo** | **OUT OF STATE** Special Education Referral  Phone: (218)-741-9201 ext.0  Address: 1201 13th Ave. S. Virginia MN, 55792  <https://www.northlandsped.org/> |

**Directions:** When a student comes from out of state with an IEP, complete all sections (A – D) of this form. This is a **FILLABLE** form (as a Word document). Boxes are clickable. Text cues or the arrow symbol **(**→**)** indicate a field where text can be entered. When complete, send to the school psychologist for your school as an email attachment.

**Please check one:** Interim IEP *in Progress* Interim IEP *in place*

**A. Cover Page** (Required Information)

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| **Date**: choose date | | | **MARSS #**: →Click or tap here to enter text. | | | | | | |
| **Transfer Date**: choose date | | | **Previous State and District**: → | | | | | | |
| **Student’s Name**: → | | | | | | | **Date of Birth**: → | | **Age**: → |
| **Grade**: choose or type | **Gender**: → | | | | | | **Ethnicity**: → | | |
| **Parents or Primary Caregivers Information** (at least one main contact; if two parents will need to be contacted add2nd ): | | | | | | | | | |
| **Name**:→ | | | | | | | **Relationship to student**: → | | |
| **Email**: → | | | | | | | **Phone**: → | | |
| **Name**:→ | | | | | | | **Relationship to student**: → | | |
| **Email**: → | | | | | | | **Phone**: → | | |
| **Name of IEP/Case Manager**: → | | | | | | | | | |
| **Email**: → | | | | **Phone/Ext**: → | | | | | |
| **Name/email of two additional teachers/staff who know student well** (may be needed for electronic rating forms)**:** | | | | | | | | | |
| Name: → | | Email: → | | | | | | Position: → | |
| Name: → | | Email: → | | | | | | Position: → | |
| **Resident District**: → | | | | **Providing District/School**: → | | | | | |
| **Special Education Category Listed on Out-of-State IEP**:→ | | | | | | | | | |
| **Secondary/Tertiary Categories if applicable**: → | | | | | | | | | |
| Does this student use language similar to peers?  Has student been on a MN IEP in past? | | | | | Yes No If no, 1st language? →  Yes No If yes, when? → | | | | |
| **Date of Current Evaluation**: → | | | | | | **Date of Current IEP**: → | | | |
| **Services Currently Receiving (check all that apply):**  ADAPT/In-School Counseling  Outside Counseling  Occupational Therapy Physical Therapy Physical Impairment Adaptive PhyEd (DAPE) Vision Impairment Speech/Language  Targeted Services/Tutoring (if yes, describe): →  County Case Management (e.g. Social Services) Other:→ | | | | | | | | | |

**B. Student’s Performance and Relevant History**

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| **Based on File Review: Areas of Concern (Check All That Apply):** | |
| **Academic Skills**  Basic Reading Skills (i.e., phonics)  Reading Fluency/ Low Words Correct Per Minute  Reading Comprehension  Difficulty Recalling Vocabulary/Concepts  Basic Math Skill  Math Facts  Math Calculations  Math Concepts/ Problem Solving  Spelling  Written Expression (ideas; grammar; mechanics)  Handwriting skills (legibility; fine motor control)  Listening Skills (e.g. recall; multi-step directions; comprehension of verbal information)  Oral Language (if checked, please also check appropriate boxes in communication skills area – previous page)  Other → | **Performance/Work Production**  Attention  Organizational Skills  Study Skills  Limited Endurance  Task Initiation  Task Completion  Limited Physical Strength  Attendance  Fatigue  Difficulty Concentrating  Planning and/or Sequencing Information  Other: → |
| **Behavior**  Verbally Aggressive  Physically Aggressive  Disruptive  Non-Compliant  Frequent blurting out  Hyperactive/ Impulsive  Withdrawn  Anxious  Disordered Thoughts (e.g., irrational, incoherent)  Atypical Behavior (e.g., delusional, extremely odd actions, self-injury) Describe: enter brief description  Other: → | **Other**  Fine Motor Skills (e.g. buttons, tying, using  scissors, handwriting, typing, etc.)  Gross Motor Skills  Low Cognitive Ability  Communication Skills  Daily & Independent Living Skills  Social & Interpersonal Skills  Difficulty with Changes in Routine  Difficulty with Transitions  Difficulty Making Friends  Social Naiveté or Vulnerability  Other: → |

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| **Has a Functional Behavior Assessment (FBA) been completed for this student?** **Yes** **No** |
| **Does this student have a Behavior Intervention Plan (BIP) or Positive Behavior Support Plan (PBSP)?**  **Yes No**  ***If not***, does the student need one based on their present behavior? **Yes No** |

**B. cont.** **Student’s Performance and Relevant History**

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| **Medical Concerns-Health History** | | | | |
| **Please have the nurse complete vision/hearing screening prior to sending in referral. Report results:**  **Vision:** Passed Failed Corrective lenses? Yes No  **Hearing:** Passed Failed Hearing Device? Yes No  If student has a hearing device, does the student have an amplification system? Yes No  If failed vision or hearing screening, report actions/steps being taken by nurse (e.g., rescreening date, parent follow-up):  → | | | | |
| **Attendance History**:No concerns Frequently absent Current year absences: #absent/#school days | | | | |
| **Has this child been assessed in another district, state or by a private provider? Yes No**  **Does this student have a medical or mental health diagnosis? Yes No**  If yes to either question, please check with school psychologist re: whether a copy of evaluation results is needed.  **Done** | | | | |
| **Medical Concerns-Health History** (List diagnoses, medications, side effects, specialized health care procedures required, etc.):  → | | | | |
| **Current Academic Performance (Grades)** | | | | |
| Reading: → | Math: → | English: → | Spelling: → | Science: → |
| Other: → | | | | |
| **Describe communication skills**: Nonverbal A few words Phrase speech Halting speech  Articulation errors Poor grammar Difficulty conveying thoughts/ideas Slow oral response  Difficulty repeating back information Fluent speech (average/above average speech/language skills)  Other (describe): →  **If student is nonverbal or physically impaired, how do they functionally communicate their responses?**  Signing Picture board Technology (describe): →  Other (describe): → | | | | |
| **Performance Data**  (Office-Discipline Referrals, State Testing, STAR Testing Data, CBM Data, RTI Data, etc.; please include descriptors of test scores (e.g. percentiles; benchmark expectations)  → | | | | |
| **Summarize Any Relevant Concerns About the Student from Parent, Past School, and Current Teacher(s)**    → | | | | |

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| **B. cont. NLC Socio-Cultural Checklist**  (**Must be completed**; check all that apply) | |
| **1. Race/Cultural Factors** | |
| a. The student is racially different from the majority of peers and staff in this school. |  |
| b. The student’s family participates regularly in events within their race/cultural group and/or the family is an enrolled member of a recognized American Indian tribe. |  |
| c. The student seldom interacts with peers or staff of other racial/cultural backgrounds or has poor relations with peers and staff of other racial/cultural backgrounds. |  |
| d. The student’s cultural values support family or group over individual effort. |  |
| e. The student recently moved from another town, city, district or state. |  |
| f. These issues do not apply to this student. |  |
| **2. Communication/Language Factors** | |
| a. There is a language, dialect, or communication style other than Standard English spoken by the family members in the student’s home. |  |
| b. The student has a language, dialect, or communication style other than Standard English. |  |
| c. These issues do not apply to this student. |  |
| **3. Other Factors** | |
| a. The student’s family has moved more than once during the current school year or has a pattern of moving at least once a year over several years. |  |
| b. The student’s previous education has been sporadic, limited, or very different from the current school. |  |
| c. The student’s primary caregiver has changed within the last year. |  |
| d. The student has recently experienced a crisis or trauma. |  |
| e. The student expresses or displays a sense of stress, anxiety, or isolation. |  |
| f. These issues do not apply to this student. |  |

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| **C. Provide School Psychologist with Copy of Past Evaluation(s)**  Attached to email Mailed Other (e.g. in SpedForms): → |
| **D. Provide School Psych with Copy of Relevant Medical Records**  Not applicable Attached to email Mailed Other → |

**(Blank page is provided below with no editing restrictions; may be used to copy and paste information or free typing.)**