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| **NLC Centered Logo**  | **OUT OF STATE** Special Education ReferralPhone: (218)-741-9201 ext.0Address: 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 [ ] NoIf student has a hearing device, does the student have an amplification system? [ ] Yes [ ] NoIf 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.)**