

REFERRAL PROCESS

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REFERRAL PROCESS

I. INITIAL REFERRALS TO SPECIAL EDUCATION (§89.1011 & §89.1001c)

Consideration of a student's need for special education is initiated by a referral. Referral of students for a full and individual initial evaluation for possible special education services shall be a part of our district's overall general education referral or screening system and child find system. Prior to referral, students experiencing difficulty in the general classroom should be considered for all support services available to all students, such as tutorial, remedial, compensatory, and other services. Such services are typically accessed through the Carroll Independent School District (CISD) Student Assistance Team (SAT) process. If the student continues to experience difficulty in the general classroom after the provision of interventions, district personnel must document the provision of interventions and refer the student for a full and individual initial evaluation. Referrals for a full and individual initial evaluation may be initiated by school personnel, the student's parent or legal guardian, physician, community agencies, other appropriate individuals involved in the care or education of the student, or as a result of any district-wide testing or screening program which is provided for all students.

A. Who may be referred for special education services?

All students ages birth through twenty-one (0-21) residing within CISD who are suspected of having a disability may be referred for a full and individual evaluation for possible special education services.

1. For school-age children, the suspected disability must be interfering with the student's educational progress in order to warrant a referral.
2. Students who are not currently enrolled in a school may also be referred by the principal of the student's neighborhood school.
3. Students who are new to a district and have been receiving special education services in the student's previous district will not go through the referral process (*see Transfers in this section and in ARD/IEP section - see Transfers/Temporary Placement*).

B. Membership of the Student Assistance Team (SAT)

1. The membership in the district's overall general education screening system is determined by local campus administration unless specified in district policy.
2. Special education personnel may participate on, but not be assigned primary responsibility for, the local campus Student Assistance Team (SAT).
3. Special education personnel may be involved in collecting referral data ONLY for the following students:
 - a. Pre-kindergarten students
 - b. Students with multiple-disabilities
 - c. Eligible students with disabilities new to a district
 - d. Students referred to special education during the summer
 - e. Students who are hospitalized, institutionalized, or admitted to treatment centers.

C. General Education Responsibilities

1. The general education teacher will consider the student experiencing difficulty in the general classroom for all support services available to all students such as tutorial, remedial, compensatory, and other services.
2. The general education teacher will discuss, consider, and document student educational concerns and all educational alternatives and options available and those tried and reasons why those tried did not work. This is done through the SAT process.
3. If the options tried were not successful, the CISD referral forms required are outlined in the directions of the referral packet. All required information will be completed by the local campus staff with appropriate signatures and dates. The student's referral data shall be maintained for documentation purposes within the special education student's eligibility folder.

The principal will determine the manner in which referral packets are given to teachers. CISD recommends that the principal discuss possible instructional alternatives with the teacher at the SAT Committee meeting prior to the initiation of a referral.

D. Timeline - Referral to Evaluation

A written report of a full and individual evaluation of a student for purposes of special education services shall be completed not later than the 60th calendar day following the date on which the parent signed consent for the evaluation. The evaluation shall be conducted using procedures that are appropriate for the student's most proficient method of communication.

Referral data should be gathered and sent to special education evaluation person as soon as possible, but no later than 10 calendar days from the date that the referral is initiated.

E. Special Education Department Responsibilities

1. The evaluation person (diagnostician, speech/language pathologist or school psychologist) marks date received on the packet once the information packet is complete.
2. The evaluation person determines evaluation needed and contacts appropriate special education personnel to assist and/or conduct evaluation if student is suspected of having an auditory impairment (AI), visual impairment (VI), bilingual, etc.
3. The evaluation person conducts the evaluation and completes the full and individual written report. The appropriate campus personnel are notified when the report is completed.

F. Scheduling the ARD/IEP Committee Meeting

The diagnostician, speech/language pathologist or school psychologist assigned to the campus notifies the campus principal that the data collection is complete and ready for the ARD/IEP committee's review. CISD shall establish an ARD for each student for whom a Full and Individual Evaluation has been conducted. The designated person schedules the ARD/IEP meeting and Notice of ARD is sent.

TIMELINE: The ARD/IEP committee must meet within thirty (30) calendar days from date of written evaluation report (Full and Individual Evaluation).

II. TRANSFER STUDENTS

For students who are new to CISD and have received special education services in the student's previous school district, regular referral procedures are bypassed. Procedures to be followed are included in the ARD/IEP Committee Section of this manual under Transfers.

III. REFERRALS FOR SPECIFIC AREAS

A. Adapted Physical Education (34 CFR §300.307)

1. Procedures for requesting an adapted physical education (A.P.E.) Evaluation
 - a. All students referred for adapted physical education evaluation must have an identified disability.
 - b. The request for an adapted physical education evaluation must be made during the referral process, by the evaluation staff, by a teacher or by the parent and discussed in a pre-assessment ARD/IEP Committee.
 - c. The evaluation person will monitor the referral and forward the request for APE screening/evaluation to the appropriate person.
2. A written report from the adapted physical education evaluation person will be made available for ARD/IEP committee consideration and action.

B. Assistive Technology Team (34CFR §300.5)

Assistive technology device and service definition:

1. Assistive technology devices or services will be made available to students with disabilities if required as a part of the student's special education, related service or supplemental aids and services as determined by the ARD/IEP committee.
 - a. The term assistive technology device means any item, piece of equipment, or product system, whether acquired commercially, off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of children with disabilities.
 - b. The term assistive technology service means any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. The term includes:
 - (1. the evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
 - (2. purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
 - (3. selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing of assistive technology devices;
 - (4. coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
 - (5. training or technical assistance for a child with a disability or, if appropriate, that child's family; and
 - (6. training or technical assistance for professionals (including individuals providing education and rehabilitation services), employers, or other

individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of children with disabilities.

2. Referral to the Assistive Technology Team (see also CIA - section 2)
 - a. The ARD/IEP Committee will first review the recommendations from the FIE. Assistive technology needs will be discussed and consideration given to the competencies, strengths and weaknesses, and recommendations from the evaluation report.
 - b. The ARD/IEP Committee may recommend additional evaluation by the technology assistance team. The team may include any of the following professionals: Occupational Therapist, Physical Therapist, Speech Pathologist, Diagnostician, Vision Teacher, or others as needed. The district lead Assistive Technology team member will be contacted regarding the evaluation request.
3. If the technology assistance team is requested for an evaluation, the team member(s) will make written recommendations in an evaluation report for assistive technology services or devices including specific modifications which are needed to implement the student's individual education plan. The ARD/IEP Committee will then consider the recommendations.
4. Recommendations for assistive technology for all students from the ARD/IEP Committee meetings will be logged and tracked by the campus designee to assure follow up occurs in ordering of material, any training required, etc.

C. Referrals for Homebound Instruction

1. Parent Responsibilities:
 - a. Contact the campus principal/counselor.
 - b. Receive a special education homebound referral packet that includes a copy of the Procedural Safeguards document and ARD Process Guide.
 - c. Have a doctor complete the appropriate homebound medical form obtained from school/special education.
 - d. Complete and return the appropriate forms to the campus principal/designee.
2. Principal/Designee Responsibilities:
 - a. Inform the parent of referral procedure
 - b. Obtain referral packet forms
 - (1. Referral to special education
 - (2. Homebound forms
 - c. Gather and document:
 - (1. Document parent receipt of Procedural Safeguards and ARD Process Guide,
 - (2. Completed parent information forms,
 - (3. Completed Homebound Medical form,
 - (4. Information from permanent record and/or other school records,
 - (5. Remainder of the referral packet
 - d. When above forms are complete, send to CISD campus diagnostician.
3. Diagnostician Responsibilities:
 - a. Communicate with CISD Director regarding the Homebound referral.
 - b. Complete required evaluation using information from doctor, school records, parent information, etc.

- c. Schedule ARD/IEP committee meeting with homebound teacher and invite appropriate persons to attend.
- b. Verify ARD notice is sent. Complete the ARD/IEP.

D. Limited English Proficient (LEP) Referral

- 1. For all LEP (Limited English Proficient) Students:
 - a. The LPAC report, which must have been completed within the past year, must be included with the referral packet. The student should have been tested in English and the primary language.
 - b. Referral information will include: Initial referral information, LPAC report, LAS scores or equivalent test, amount of time in ESL, and Home Language Survey.
 - c. When the packet is verified, the diagnostician gives the packet to the CISD Bilingual Coordinator or campus principal
- 2. Speech only:
 - a. (LANGUAGE) The language proficiency assessment (ex. LAS, IDEA) should be considered with regard to the following:
 - (1. If the student is proficient in English and has a lower proficiency in another language, the normal procedures for the speech pathologist evaluations are followed.
 - (2. If the student is proficient in another language and not in English, typically this would not be an appropriate referral. The speech pathologist will write the evaluation report (using information from the cumulative folder) and proceed to ARD.
 - (3. If the student is barely proficient in both languages, consult with the Bilingual Coordinator or Director of Special Education before proceeding.
 - (4. If the student is proficient in both languages, normal procedures in English may be followed.
 - b. (ARTICULATION) The articulation evaluation should be considered with regard to the following: If the student is misarticulating sounds that are different or not present in the primary language but are in English, therapy is not appropriate.
- 3. Other Referrals (LD, MR, etc.)
 - a. The language evaluation (ex. LAS, IDEA) should be considered with regard to the following:
 - (1. If the student is proficient in English and lower in another language, the usual procedures for testing are followed.
 - (2. If the student is proficient in another language and not in English, typically this will be an inappropriate referral for a Learning Disability. This type of profile is usually an indication that the child needs more time to learn English. The diagnostician will write the FIE report (using information from the cumulative folder) and proceed to ARD. If the student is to be considered for a physical, mental or emotional disability, proceed with caution.
 - (3. If the student is barely proficient in both languages, consult with the Bilingual Coordinator or Director of Special Education before proceeding.
 - (4. If the student is above proficient in both languages, normal procedures in English may be followed.

- b. If the student is not proficient in either language, a bilingual assessment should be requested. Consideration should be given to the following:
 - (1. Students who have been in English-speaking schools for less than two years should be given careful consideration relative to referral.
- c. If the student has received English instruction for two or more years and there is no evidence of previous academic instruction in another language, the LPAC may recommend testing in English or use of an interpreter.

E. Preschool Referrals (includes CFR §300.132 and Agreement Memorandum, spring '99)

1. Referral from ECI (Early Childhood Intervention) Programs (all decisions will occur collaboratively between ECI staff, school staff, and the parents):
 - a. CISD will complete the child-centered process including evaluation and ARD. During the review of existing evaluation data, all time lines and referral requirements will be followed.
 - (1. When invited by the ECI service provider, the CISD representative will attend a face-to-face meeting held at least 120 days prior to the eligible child's third birthday
 - (2. CISD will accept a referral approximately 90 days prior to the student's third birthday.
 - (3. To avoid a gap in services and to assure a smooth effective transition to the preschool program, CISD will accept appropriate evaluations from an infant program serving children with disabilities.
 - (4. CISD will complete the referral, evaluation, and ARD/IEP process within the required time lines. (Typically, this occurs within three weeks, however, should not exceed six weeks from the date of referral.)
 - (5. Eligible preschool children will receive the necessary services as determined by the ARD/IEP committee beginning on their third birthday.
 - b. The ARD/IEP committee will determine eligibility, educational need and develop an IEP to determine placement.
 - c. Services for auditory or visual impairments, birth through 2, are coordinated with ECI service providers in the development of the Individual Family Service Plan (IFSP) instead of an ARD/IEP.
 - (1. CISD will document services were coordinated (including copies of progress reports), and
 - (2. CISD has the capacity to provide services to the student throughout the year.
 - (3. Services are provided only under IDEA-C guidelines, not IDEA-B. Typical procedures followed such as: distributing Notice of Procedural Safeguards, completing the Part B referral packets, obtaining consents, and completing full and individual evaluations may not be followed. This would conflict with Part C, and cause parent confusion and may place undue hardship on parents.
2. Referral by Parents / Guardians / Others (children not previously served in ECI):
 - a. For children with suspected developmental delays birth through 2 years of age, the CISD maintain logs that document:
 - (1. Within 2 working days from the date that a "Child Find" referral is received it is forwarded to an ECI program, *(the CISD will collaborate with the ECI program and determine appropriate steps based on the student age and needs)*, or

- (2. The CISD will follow up with the ECI program to assure evaluation is completed within 45 calendar days from the date the referral is received, and
- (3. The ARD/IEP committee will determine eligibility, educational need and develop an IEP to determine placement prior to the third birthday.
- b. For children referred prior to age 3, but less than the 90 days prior to their 3rd birthday, CISD will complete the referral and evaluation process in a timely manner following the required referral timelines.
- c. For children referred for services after their 3rd birthday, the normal referral process will be followed. CISD may screen and use existing evaluation data to determine if the child will meet eligibility. An ARD/IEP committee may temporarily place the child pending the 90-day timeline for referral, evaluation, and ARD completion.

F. Referrals from Private/Nonpublic Schools

All state requirements concerning referral, evaluation, and determination of eligibility are applicable to students placed by their parents in private/nonpublic schools once the students have been referred for special education.

- 1. Parent Responsibilities:
 - a. Contact the appropriate neighborhood campus and initiate a referral.
 - b. Referrals will be accepted only from residents of CISD. (Students who live outside of CISD but attend a private school within the boundaries of CISD must be referred to the student’s home district where they reside overnight.)
 - c. Provide any documentation available to the campus Principal or counselor regarding the child’s suspected disability.
 - d. Give the Teacher Information Form from the referral packet to the teacher at the private school.
- 2. Campus Responsibilities:
 - a. CISD will use established procedures and forms for the referral of students from private/nonpublic schools. This may include convening a Student Assistance Team (SAT) (SAT) meeting; it will include the completion of the Referral Packet.
 - b. The principal or designee will be responsible for coordinating the gathering of information from the parent.

NOTE: The same referral time lines apply.
- 3. Evaluation Person Responsibilities:
 - a. To the maximum extent possible, CISD shall use referral and evaluation information from the private school’s records in order to avoid unnecessary duplication of effort or services.
 - b. Coordinate and/or administer additional recommended evaluation.

G. Psychological Evaluation

CISD recommends that the general education teacher consult with the licensed specialist in school psychology or psychologist, using the appropriate request form, prior to making a referral if at all possible.

- 1. Student Is Currently Receiving Special Education Services
 - a. The ARD/IEP Committee will review existing evaluation data, both the formal Full and Individual Evaluation and informal evaluation from staff. The ARD/IEP Committee may recommend additional psychological evaluation.

- b. If psychological evaluation is recommended during the ARD/IEP meeting, the minutes will document the recommendation and the parent will be provided Notice and Consent for Evaluation.
 - (1. If parents are not in attendance, the diagnostician will coordinate the completion of the referral for the psychological and be responsible for sending the Notice and Consent for Evaluation.
 - (2. The diagnostician will inform the psychologist or licensed specialist in school psychology assigned to the campus.
 - (3. The psychologist or licensed specialist in school psychology will conduct the evaluation, complete the written report, and inform the parent of their findings.
- b. An ARD/IEP meeting to review the psychological evaluation will be scheduled.
- 2. Student is Not Currently Receiving Special Education Services
 - a. The general education teacher will follow the Student Assistance Team (SAT) process, completing all required forms including notifying parents of their Procedural Safeguards, providing Notice of Evaluation and obtaining Consent for Evaluation.
 - b. The general education campus teacher or campus designee will submit the completed referral packet to the school psychologist.
 - c. Time line: A written report of a full and individual evaluation of a student for purposes of special education services shall be completed not later than the 60th calendar day following the date on which the parent consented, in writing, to the Full Individual Education request. The evaluation shall be conducted using procedures that are appropriate for the student's most proficient method of communication.

Data should be gathered and sent to special education evaluation person as soon as possible, no later than 30 school days from the date that the referral is initiated.

H. OT/PT Therapy Referral Process

A student must be eligible for special education services or services provided under a Section 504 Plan, before he/she can be referred for a physical or occupational therapy screening or evaluation. A student may be referred by the ARD/IEP meeting after review of existing evaluation data and planning the evaluation to be completed. Also, teachers, parents, physicians, and others may request referral through the SAT process, a §504 Committee meeting, or an ARD if the student is eligible for special education services.

- 1. Occupational and/or physical therapy services are provided to students whose disability, as determined through evaluation, interferes with their ability to benefit from educational programming.
- 2. The diagnostician is the designated person to monitor the referrals and assure notice and consent has been given to the parents. The diagnostician will submit the following forms to the therapist when referring a student:
 - a. Notice and Consent for a Full and Individual Evaluation copy;
 - b. OT/PT Therapy Referral Form (completed by parent, teacher, counselor, diagnostician, etc.);
 - c. OT/PT Medical Referral Form. (This form must be completed by a physician with approval for therapy services to be provided. This must be received by the

therapist before any services can be initiated. A medical is required for evaluation or therapy services. It is **not** required for a screening.

3. Description of Therapy Services

- a. Screening: a brief informal observation may be used to determine if a formal evaluation is necessary; the request for the screening is made by the campus SAT committee. It is also used as a tool to provide helpful information about the student to the staff and parents. An ARD/IEP meeting is not necessary when a screening is completed. A parent/teacher conference may be held to discuss screening results if necessary. A medical is required for evaluation or therapy services. It is **not** required for a screening.
- b. Evaluation: The therapist will look at and observe the student, using standardized tests, and clinical evaluations. The evaluation will address and analyze areas that affect the student's ability to benefit from instruction. A medical is required for evaluation or therapy services. It is **not** required for a screening.

Areas included in the evaluation are:

- (1. sensorimotor functioning
- (2. neuromuscular abilities
- (3. self-care skills
- (4. vocational skills
- (5. school/work activities
- (6. perceptual-motor skills

The therapist will complete the evaluation and make appropriate recommendations for the educational setting. Services will be determined by the child's need and how that need can best be met within the school, home, and community settings. An ARD/IEP meeting will be called to discuss the therapist's evaluation and recommendations.

Occupational Therapy:

Occupational therapy services include the evaluation, consultation, and/or direct services to individuals whose ability to cope with the tasks of living and learning is threatened or impaired by developmental deficits, environmental or sensory deprivation, physical injury, illness, or psychological disability.

Physical Therapy:

Physical therapy is the art and science of evaluation, program planning, and implementation of physical or corrective conditions resulting from birth, illness, or injury. Physical therapy includes therapeutic exercise programs designed to develop or restore neuromuscular and / or sensorimotor function, relieve pain, control postural deviations, minimize disabilities, and maintain maximal performance levels within the individual's capabilities.

Students who evidence problems with one or more of the following characteristics may be referred for an OT/PT screening or evaluation:

- ❖ Holding head and/or body upright
- ❖ Using arms and hands in manipulative tasks
- ❖ Using only one hand when both are preferable
- ❖ Tightness or weakness in the arms or legs

- ❖ Assuming and maintaining sitting and/or standing without physical assistance.
- ❖ Impaired walking or using a gait that limits independence in classroom or campus mobility
- ❖ Severe eye-hand coordination
- ❖ Oral function (chewing, sucking, swallowing, and drooling)
- ❖ Self-care that limits independence in classroom or campus (assistance required with dressing, feeding, toileting, personal hygiene, etc.
- ❖ Uncoordination of movement (unable to walk balance beam, frequent falling)
- ❖ Limited mobility in school (architectural barriers - stairs, narrow doorways).