Minnesota Valley School

STUDENT REFERRAL FOR LEVEL 4 SERVICES

Minnesota Valley School (MVS) is a level 4 program for special education students only. The purpose of MVS is to provide intensive emotional/behavioral support to special education students who have not responded to the most intensive evidence based interventions and supports available within the level 3 setting in schools. MVS is not designed to meet the needs of learners with serious cognitive delays or profound physical disabilities.

CRITERIA FOR CONSIDERATION

- ☐ Student must meet Minnesota Special Education Disability Criteria
- ☐ Student must have a current Individualized Education Plan (IEP) including a Positive Behavior Intervention Plan and specific goal(s) related to behavior needs.
- ☐ Student must have a current evaluation report (ER) including a functional behavioral assessment (FBA).
- ☐ Student should be receiving a minimum of 60% of direct services in a level 3 special education setting.

REFERRAL PROCESS STEPS

1. Special Education Case Managers or school principals should contact the MVS Principal to inquire about enrollment availability and begin the referral process (507-934-5420 ext 1221).
2. Schools should submit a completed referral packet and copies of the student's IEP, Evaluation Report and signed authorizations for release of information to: Minnesota Valley School, PO Box 356, St. Peter, MN 56082 or via fax 507-934-5893.
3. The MVS intake team will review the referral for services and will follow-up with the referring school and appropriate outside agencies for additional information to determine that the student's needs fit with MVS programming.
4. MVS will schedule an intake IEP meeting to amend the student's IEP to fit MVS programming and services:
    a. Setting - Level IV
    b. Behavior Goals
    c. Accommodations and Services
    d. Start Date
5. The resident or serving school district will sign a tuition agreement for MVS site-based services, including transportation.
6. MVS will schedule and provide a tour of the school for parents/guardians and the student.
7. Parents/guardians will complete the MVS student enrollment paperwork prior to the student's start date: student and family information, transportation release, emergency information, media release and administration of medication forms.

Minnesota Valley School
801 Davis Street
PO Box 356
St. Peter, MN 56082

STUDENT REFERRAL FOR LEVEL 4 SERVICES

REFERRAL DATE: _____

STUDENT NAME _____ MARSS#: _____

D.O.B. (mm/dd/yyyy): _____ GRADE: _____

ADDRESS: _____ CITY/ZIP: _____

PARENT(S) NAME: _____ PH: _____

NAME: _____ PH: _____

RESIDENT SCHOOL DISTRICT: _____

SERVING SCHOOL DISTRICT : _____

CURRENT SCHOOL: _____

CURRENT SCHOOL CONTACTS:

PRINCIPAL: _____ PH: _____

SOC WORKER: _____ PH: _____

SPED TEACHER: _____ PH: _____

OFFICE USE ONLY

Documents Received: ☐ Referral ☐ IEP ☐ Eval ☐ Other _____

Meeting Dates: ☐ Intake Review _____ ☐ IEP _____ ☐ Tour _____

Student Start Date: ☐ _____ ☐ Transportation ☐ Food Service

STUDENT REFERRAL INFORMATION

CURRENT BEHAVIORAL INFORMATION

Is there a BIP (Behavioral Intervention Plan)? ☐ No ☐ Yes (please attach)

Is there a VIF (Violence Information Form)? ☐ No ☐ Yes (please attach)

Physical restraint use? ☐ No ☐ Yes - Frequency _____

School suspensions? ☐ No ☐ Yes - Number of days in current school year _____

Bus safety concerns? ☐ No ☐ Yes - Explain _____

PHYSICAL HEALTH

The following health conditions are present (check any/all that apply):

☐ Allergies ☐ Asthma ☐ Seizures ☐ Vision concerns ☐ Hearing concerns

☐ Serious Persistent Illness ☐ Other health concerns: _____

CHEMICAL HEALTH

Are there chemical health concerns: ☐ No ☐ Yes - Explain _____

MENTAL HEALTH

The following are concerns:

☐ Anxiety related problems	☐ Intimidating/assaultive behavior	☐ Self-injurious behavior
☐ Attention inattentiveness	☐ Medication compliance	☐ Sexual inappropriateness
☐ Avoidance	☐ Mood problems	☐ Suicidal ideas/attempts
☐ Difficulty w/ peer relationships	☐ Obsessive/compulsive behavior	☐ Other: _____

The following conditions are medically documented/diagnosed:

☐ ADHD	☐ Dissociative Disorder	☐ Schizophrenia
☐ Anxiety Disorder	☐ FAS / FAE	☐ Tic Disorder
☐ Autism/Asperger's Syndrome	☐ Obsessive Compulsive Disorder	☐ Attachment Disorder
☐ Bipolar Disorder	☐ Oppositional Defiant Disorder	☐ Conduct Disorder
☐ Pervasive Development Disorder	☐ Post Traumatic Stress Disorder	☐ Depression

Currently prescribed medications (if known):

☐ Anti-anxiety (e.g., Buspar, Xanax, Klonopin, Ativan)

☐ Antidepressant (e.g., Zoloft, Wellbutrin, Celexa, Prozac, Luvox, Paxil, Trazodone)

☐ Antipsychotic (e.g., Seroquel, Risperdal, Abilify)

☐ Mood Stabilizing (e.g., Lithium, Depakote, Lamictal)

☐ Stimulant (e.g., Ritalin, Adderall, Concerta, Clonidine, Vyvanse)

☐ Other (list): _____

MENTAL HEALTH SERVICES

Current/past mental health and/or social service involvement? ☐ No ☐ Yes (summarize) ____

_____

_____

FAMILY INFORMATION

The following are documented issues / concerns:

☐ Child protection involvement	☐ Financial difficulties	☐ Physical abuse
☐ Death of family member	☐ Homelessness	☐ Sexual abuse
☐ Domestic violence	☐ Mood-altering substance use	☐ Sibling conflict
☐ Family member has a disability or mental illness	☐ Multiple moves	☐ Neglect
	☐ Divorce/Parental Separation	☐ Other _____

POLICE / CORRECTIONAL HISTORY (if known)

Court involvement ? ☐ No ☐ Yes

Please check all that apply:

☐ Assault	☐ Gang involvement	☐ Tobacco violation
☐ Curfew violation	☐ History of juvenile detention	☐ Traffic violation
☐ Destruction of property	☐ Runaway	☐ Truancy
☐ Disorderly conduct	☐ Sexual assault	☐ Weapons
☐ Drug/Alcohol violation	☐ Stealing, theft, shoplifting	☐ Fire setting
☐ Terroristic threats	☐ Other _____	

Incarceration? ☐ No ☐ Yes - Date(s) & Facility:_____

Probation? ☐ No ☐ Yes - Date(s): _____

COMMUNITY AGENCIES / SERVICES INFORMATION

COUNTY

PROBATION OFFICER:_____ PH: _____

MENTAL HEALTH CASE MGR: _____ PH: _____

SOCIAL WORKER: _____ PH: _____

OTHER: _____ PH: _____

OTHER SERVICES

VOC/REHAB CASE MGR: _____ PH: _____

THERAPIST: _____ PH: _____

OTHER: _____ PH: _____

OTHER: _____ PH: _____

STUDENT BEHAVIOR HISTORY

Briefly answer the following questions regarding the student's behavior:

1. How does the student's behavior significantly interfere with his/her educational performance?

2. What educational settings have the behaviors occurred?

3. Have the behaviors been reported in other social environments such as the home or community?

4. What behaviors/characteristics does the student demonstrate that significantly interferes with/impacts or others throughout the day? What is the frequency and duration of these behaviors?

5. What two documented interventions have been tried within a regular educational setting? What changes have been noted? Please be specific and include any known dates of the interventions.

6. Does the student participate in any groups or special projects?

7. What are the strengths and interests of the student?

8. What do you see as the needs of the student?

9. What EBD and other special education services has the student had prior to consideration for referral to Minnesota Valley School? (Please include service mins and/or description of day)

10. Does the student have bus/transportation issues?

11. What type of peer interactions does the student have? Is the student able to maintain positive peer relationships?

12. What type of adult interactions does the student have? Is the student able to maintain positive adult relationships?

13. Please share any other information that you feel will be beneficial for the MVS intake team to know about the student:

14. What skills/behaviors does the student need to be able to demonstrate prior to returning to their home school?

The following people participated in completing the referral for level 4 services:

Name:	Position/Title:
_____	_____
_____	_____
_____	_____
_____	_____

Minnesota Valley Education District **801 Davis Street** **St. Peter, MN 56082-6082**	**Authorization for Release of Information**

Student Name: _____ ID: _____ Date: _____

School: Minnesota Valley School . Grade: _____ DOB: _____

Parent/Guardian Name: _____

Authorizes: MN Valley Education District #6027 _____
District Name/Number Staff Person(s) Responsible

Minnesota Valley School . 801 Davis Street, St. Peter, MN 56082 .
School Responsible Address

□ to release the specific information identified below ***to:***
□ to obtain specific information identified below ***from:***

_____
Name of individual or entity Organization

_____
Address

□ **Health Record**: Immunizations and Health Concerns
□ **Medical Reports**: Hospitalizations and Discharge Summaries; Medication Authorizations
□ **Psychological Reports**: Diagnostic Assessment, Functional Assessment, Treatment Plans, Progress Notes
□ **Psychiatric Reports**: Diagnostic Assessments, Treatment Plans, Consultation Information
□ **Teacher, Counselor and Staff Observations**
□ **Special Education Reports**: Evaluation Reports, Testing, Individual Education Plans, Prior Written Notices
□ **Social Work Reports & History**
□ **Discipline/Behavioral Reports**
□ **Verbal Reports** Between Staff in Both Agencies
□ Other-_____

For the purpose of:
To coordinate services

I understand this authorization:
■ Takes effect the day I sign it,
■ Cannot exceed one year, and expires either:
□ on _____, or
□ one year from the date of my signature

■ Can be stopped any time by sending a written request to:
801 Davis Street
St. Peter, MN 56082

I further understand:
- I may refuse to sign this authorization and it will not affect my child's ability to receive education services,
- The laws that protect the information identified on this release, in some situations, may allow or require this entity to re-disclose this information, but only as permitted by law Health Insurance Portability and Accountability Ace (HIPPA), Family Education Rights and Privacy Act (FERPA), Minnesota Government Data Practices Act (MGDPA or Chapter 13),
- A copy of this release form is as valid as an original, and
- I will receive a copy of this authorization.

Signature: _____ **Date:** _____
Parent, legal representative, or student (mm/dd/yyy)