REFERRAL FOR THE RENAISSANCE CENTER

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| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone Number: \_\_\_\_\_\_\_\_\_ |
| Referring Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Check and attach, if appropriate IEP \_\_\_\_\_ 504 \_\_\_\_\_ | Date of Referral: \_\_\_\_\_\_\_\_ |

***Section 1: Complete only for automatic referrals.***

This referral will result in an automatic placement at the alternate school due to the following:

* Drug violation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Alcohol violation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Weapon violation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the student have any physical or medical conditions that impact him/her during the school day? (i.e., glasses, routine medications, allergies)

* No
* Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What other pertinent information related to the student should be considered when developing an appropriate ILPA for the student while in placement at the alternate school?

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***Section 2: Complete for discipline referrals.***

Operationally define the behavior(s) of concern that indicates a need for referral to alternate placement. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe the interventions implemented to address the behavior(s) of concern.

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Describe the replacement behaviors needed to allow the student to be successful.

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Does the student have any physical or medical conditions that impact him/her during the school day? (i.e., glasses, routine medications, allergies)

* No
* Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What other pertinent information related to the student should be considered when developing an appropriate ILPA for the student while in placement at the alternate school?

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***Section 3: Complete for all referrals.***

Check and attach all appropriate documents:

* Individual Learning Plan
* teacher checklists
* behavior logs
* 504 Plan
* special education folder
* other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Section 4: Complete for all referrals.***

704 KAR 19:002 requires that parents, and as appropriate, students participate in the development of the Individual Learning Plan Addendum.

Invitation was extended to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Invitation was provided by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date invitation was sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Invitation delivery method: phone face-to-face letter email

Referring Administrator Signature:

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

Referrals are accepted through Wednesday of each week. ILPA meetings are scheduled for the following Friday.

Modification to the Wednesday/Friday schedule may be made for unique circumstances with alternate school supervisor approval.

Per special education regulation, parents of students with IEPs are afforded a 7 day notice to the IEP/ILPA meeting.

Teacher Referral Checklist

\*\*recommended for disciplinary referrals to The Renaissance Center

Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

|  |  |
| --- | --- |
| Academic Performance | **Illegal Behavior** |
| \_\_Decline in grade earned | \_\_Involvement in thefts |
| \_\_Incomplete work | \_\_Vandalism |
| \_\_Work Not handed in | \_\_Carrying Weapons |
| \_\_Failing in this subject |  |
|  | Atypical Behavior |
| Attendance | \_\_Erratic behavior daily |
| \_\_Absenteeism (skipping) | \_\_Change in peer group |
| \_\_Tardiness to class | \_\_Sudden, unexplained popularity |
| \_\_Truancy | \_\_Mood swings |
|  | \_\_Seeks constant adult contact |
| Physical Symptoms | \_\_Seeks adult advice without a specific problem |
| \_\_Inattentiveness | \_\_Time disorientation |
| \_\_ Lack of motivation | \_\_Apparent changes in personal values |
| \_\_Sleeping in class | \_\_Defensiveness |
| \_\_Impaired Memory | \_\_Other students express concern about a  possible problem |
| \_\_Extreme negativism | \_\_Daydreaming |
|  | \_\_Perfectionism |
| Behaviors | \_\_Difficulty in accepting mistakes |
| \_\_Disruptive in class | \_\_Rigid obedience |
| \_\_Defiance | \_\_Talks/Brags about drug use |
| \_\_Frequently needing discipline | \_\_Associates with known drug users |
| \_\_Cheating | \_\_Depression |
| \_\_Fighting | \_\_Sadness |
| \_\_Crying | \_\_Withdrawn from usual activities |
| \_\_Defiance of Authority | \_\_Feelings of helplessness and/or hopelessness  |
| \_\_Verbally Abusive | \_\_Marked changes in sleeping and/or appetite |
| \_\_Obscene language/gestures | \_\_Giving away possessions/other final  arrangements |
| \_\_Sudden outburst of temper | \_\_Recent loss |
| \_\_Frequent visits to counselor |  |
| \_\_Frequent visits to restroom |  |
| \_\_Hyperactivity/nervousness |  |
| Possible Alcohol/Drug Specific Behaviors |
| **Witnessed?** | **Suspected?** | **Behavior** |
| \_\_\_ | \_\_\_ | Selling/delivering |
| \_\_\_ | \_\_\_ | Possession of alcohol or drugs |
| \_\_\_ | \_\_\_ | Use of Alcohol or drugs |
| \_\_\_ | \_\_\_ | Intoxication |
| \_\_\_ | \_\_\_ | Physical symptoms (weight loss/gain, appearance change, poor hygiene, red, puffy eyes, slurred speech |