



WEST CENTRAL EDUCATION DISTRICT



## Star Referral Form

Referral Date: \_\_\_\_\_  
Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_  
Parent/Guardian's Name: \_\_\_\_\_  
Phone#: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ School District: \_\_\_\_\_  
Resident District (if different): \_\_\_\_\_ Principal: \_\_\_\_\_  
Case Manager: \_\_\_\_\_ Social Worker: \_\_\_\_\_

The following documents and information must accompany the referral:

1. Evaluation Report must include a recent FBA and present levels to properly document student's need for behavioral programming.
  - a. Date of current ER: \_\_\_\_\_
  - b. Primary Disability: \_\_\_\_\_
  - c. Services Provided; please circle: Behavior, Academic, OT, PT, DAPE, Nursing, Social Work, Other: \_\_\_\_\_
2. IEP (including Behavior Support Plan or BIP) should document behavioral goals, behavior intervention plan and level of service supporting referral to the Beacon Program.
  - a. Date of IEP: \_\_\_\_\_
3. Academic Status: Indicate if student is Above, At or Below grade level standards based on unit assessments
  - a. Reading: Above / At / Below
    - i. Provide MCA Score if applicable: \_\_\_\_\_
    - ii. Provide Progress Monitoring Tool (STAR, AIMSWeb, FAST...) and Student Score compared to the Benchmark:  
\_\_\_\_\_
  - b. Math: Above / At / Below
    - i. Provide MCA Score if applicable: \_\_\_\_\_
    - ii. Provide Progress Monitoring Tool (STAR, AIMSWeb, FAST...) and Student Score compared to the Benchmark:  
\_\_\_\_\_
4. Indicate any mental health or medical diagnoses: \_\_\_\_\_
  - a. Medication: \_\_\_\_\_
  - b. Outside counseling: \_\_\_\_\_

- c. County Social Work: \_\_\_\_\_
- d. Other Support Services: \_\_\_\_\_

5. Identify up to 3 behavioral descriptions exhibited by the student which interfere with them being successful in the mainstream setting; (these will be the focus areas within the Beacon Program to track and identify progress towards transitioning back to home district):

- a. Most significant behavior impacting success (Identify behavior in observable terms and include details such as antecedent, consequences)

\_\_\_\_\_

- i. Frequency: \_\_\_\_\_
- ii. Duration: \_\_\_\_\_
- iii. Intensity: \_\_\_\_\_

1. Does this behavior result in use of restrictive procedures? YES or NO

a. Describe: \_\_\_\_\_

\_\_\_\_\_

- b. Next significant behavior impacting success (Identify behavior in observable terms and include details such as antecedent, frequency, duration, consequences, etc)

\_\_\_\_\_

- i. Frequency: \_\_\_\_\_
- ii. Duration: \_\_\_\_\_
- iii. Intensity: \_\_\_\_\_

1. Does this behavior result in use of restrictive procedures? YES or NO

a. Describe: \_\_\_\_\_

\_\_\_\_\_

- c. Third behavior impacting success (Identify behavior in observable terms and include details such as antecedent, frequency, duration, consequences, etc)

\_\_\_\_\_

- i. Frequency: \_\_\_\_\_
- ii. Duration: \_\_\_\_\_
- iii. Intensity: \_\_\_\_\_

1. Does this behavior result in use of restrictive procedures? YES or NO

a. Describe: \_\_\_\_\_

\_\_\_\_\_

6. Identify Star supervisor aware of student referral: \_\_\_\_\_

7. List current status of parent meetings and parent awareness of Star Program:

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