

*Member School Districts:
Albany, Melrose,
Paynesville and Sauk Centre*



*Program Oversight:
Early Intervention,
Beacon and ALC*

WEST CENTRAL EDUCATION DISTRICT



Beacon Referral Form

Referral Date: _____
Student's Name: _____ Grade: _____ DOB: _____
Parent/Guardian's Name: _____
Address: _____
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 Beacon supervisor aware of student referral: _____

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

Documents required to send along with this referral: Current IEP, Positive Behavior Support Plan, ER