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

Program Oversight:
Early Intervention,
Beacon and ALC

WEST CENTRAL EDUCATION DISTRICT

Beacon Referral Checklist

Pre-Referral Process

☐ IEP is current and needs are driven by behavior

☐ Special Education Evaluation is current and includes an FBA and PBSP

☐ Documented communication with family with regards to increasing needs and services; Amend IEP to reflect the increases in services

☐ Beacon administrator has been contacted, preferably with the opportunity to observe and offer feedback prior to referral being made

☐ Data reflects continued need after additional services, begin the referral process

Referral Process

☐ IEP team meeting to discuss (move in student; district does need to hold an IEP meeting to discuss needs and placement, however home district does need to communicate with family prior to intake meeting)

    ☐ Meeting includes Beacon administrator

    ☐ Data supports additional special education services are needed to make progress on goals/objectives; supports exceed what is offered in mainstream school.

    ☐ IEP team proposes change of placement to the Beacon Program as noted on Prior Written Notice

☐ Referral form, IEP, ER, PBSP and signed PWN is sent to Beacon Program Administrator, Vanessa Hoffarth; vhoffarth@wced6026.com

Intake Process

☐ Beacon administrator will offer the home district meeting times.

☐ Home district will connect with parent/guardian and select meeting time. (home district maintains primary communication with parent/guardian until after intake meeting)

☐ Beacon will generate meeting notice and meeting sign in

☐ Intake at Beacon must include parent/guardian, student, district representation (could be admin designee)

☐ Student start date will be determined at intake; most likely within 2 days of intake meeting.

☐ District representation will set up transportation.

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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, signed PWN indicating home districts proposal of change of placement