

**Submission required by: December 1<sup>st</sup> of Student's Senior Year.**

**Student Information:**

Name of Student:	
Referral for year:	<b>Fall of 20</b>
My goals for the future in the areas of: <ul style="list-style-type: none"> <li>• <b>Home Living</b></li> <li>• <b>Community</b></li> <li>• <b>Work/Employment</b></li> <li>• <b>Education</b></li> </ul>	
Have you participated in any CTEC (Career And Technical Education Center) classes?	Yes or No: <b>If yes what classes have you taken in high school?</b>
Date of Birth:	
Student ID #:	
Student Address:	
Student Phone #:	
Student Email:	
Parent Name:	
Parent Address:	
Parent Home Phone #:	
Parent Cell/Work Phone #:	
Parent Email	

**School Information:**

Referring School:	
Referring Case Manager:	
Case Manager Work Phone #:	
Date of Most Current Evaluation:	<b>Please attach evaluation if you are from outside the Rochester Public School District</b>
Annual IEP Meeting Date:	<b>Please attach most recent IEP/BIP if you are from outside the Rochester Public School District:</b>
BIP	
Primary/Secondary Disability	
Physical Interventions	Frequency: _____ Access to seclusion needed? Yes or No
Residential Program Plan	Yes or No
Vocational Reports and Evaluations Completed	Yes or No
Rehabilitation Services application made?	Yes or No: <b>If yes, please list the following:</b> <b>Counselor Name:</b> <b>Phone#:</b> <b>Email:</b>

**Legal/Appointed Guardian Information: (if established)**

Name:	
Phone #:	

Email:	
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**Residential Placement (if applicable)**

Name of Residential House:	
Address of House:	
Phone # of House:	
Contact Person:	
Contact Person's Phone #:	
Secondary Contact Number (if applicable):	
Contact's Email:	

**Additional in Home Residential Services: (if applicable)**

Name:	
Phone #:	
Email:	

**County Social Worker: (if applicable)**

Name:	
Phone #:	
Email:	

**Mental Health Supports: (if applicable)**

Name:	
Phone #:	
Email:	

**Behavioral Supports: (if yes please explain)**

Self-Injurious Behaviors	Yes or No Explain:
Attention Inattentiveness	Yes or No Explain:
Difficulty with Peer Relationships:	Yes or No Explain:
Verbal Interruptions:	Yes or No Explain:
Other Behavior Information	
Level of para support in class?  Level of para support in the community?	

**Medical Supports: (if applicable)**

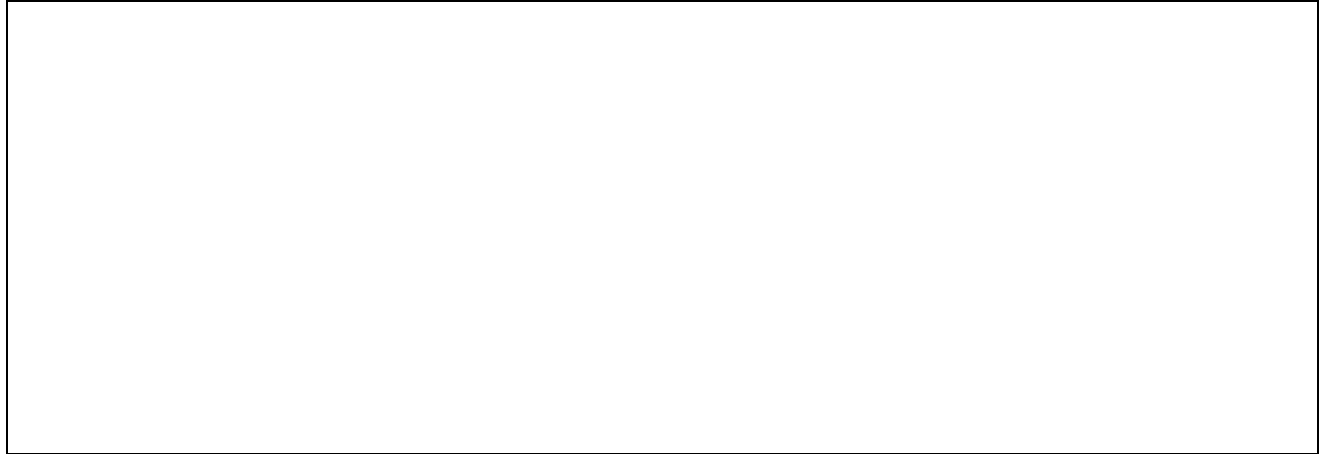
Name:	
Phone #:	
Email:	
Hospital Choice:	Olmsted                      Mayo Clinic                      Other:
Emergency Health Care Plan:	Yes or No
List School Administered Medications and Times	
Seizures	Yes/No

Seizure Plan	Yes /No
Allergies	Yes /No List:
Asthma	Yes/No
Vision Concerns	Yes/No
Hearing Concerns	Yes/No
Previous Serious Illness	Yes/No Explain:
Other Health Information:	

**Community Information:**

State ID Card	Yes/No
ZIPS Certified	Yes/No
Workforce Development	Yes/No
District Worksites:	Example: Edison Work Site
Community Worksites	List:
Agency Worksites	List:
SEMCIL Connection	Yes/No
Health Club Membership	(Yes/No) Name:?
Sports/Clubs	List:

Any additional information you would like to share that may be beneficial to the intake team?



Notifications of program placement will be reported to each student's case manager. Intake decisions will be made by May 31st of student's junior year for early applicants and by January 1<sup>st</sup> of applicant's Senior Year for late applicants. Exceptions to the December applicant deadline must be approved by Rob Scripture, Transition Programming Administrator. Exception requests need to be emailed to, Shannon Castro- [shcastro@rochester.k12.mn.us](mailto:shcastro@rochester.k12.mn.us) by each student's case manager as soon as it is known the team would like to request for an extension. Information regarding extensions will be communicated to case managers.