Lake Forest Academy Referral Packet

Principal's Checklist

All required documents for the Lake Forest Academy Referral Packet are listed below. Please send through the interschool mailing system ALL REQUIRED supporting documents with the completed and signed referral packet. Thank you.

Required Documentation Checklist

- ☐ Meeting Date with LFA Representative Date:
- ☐ Verify Medicaid insurance (**Required**)
- ☐ Student Information Form
- ☐ FBA/BIP (updated BIP required)
- ☐ MTSS: ___Level 1 ___Level 2 ___Level 3
- ☐ IEP Evaluation Design Start Date: Projected Results Meeting Date:
- ☐ IEP: ___Yes ___No Start date: End date:
- ☐ 504: ___Yes ___No
- ☐ Discipline Report
- ☐ Attendance Summary
- ☐ Immunization Records
- ☐ All Report Cards for Current School Year
- ☐ Benchmark Assessment Data for Current School Year
- ☐ Teacher/Counselor/Social Worker Report
- ☐ NHCS Mutual Exchange of Information Form

Principal Signature _____ Date _____

LAKE FOREST ACADEMY REFERRAL

Student Information Form

Student Name:_____ Powerschool ID:_____

Age:_____ DOB: _____Grade: _____ School:_____

Parent/Guardian(relation):_____

Address:_____

Phone Number(s):_____

Guardian Email:_____

Referring School/Provider:_____

School Case Worker Name & Number: _____

Reason for Referral/ Unsuccessful Past Interventions: _____

_____

_____

_____

Is an Intensive In-Home team involved with the student? If so, please provide the agency, case manager's name and contact information. _____

Is there an outside counselor/ therapist? If so, please provide the name and contact information.
_____

Is DSS currently involved? If so, please provide the case manager's contact information.
_____

Is DSS the guardian of the student? **Circle:** Yes or No

Does the student have a DJJ/Court Counselor? If so, please provide the name and telephone number.
_____

Has the child had a psychological evaluation? **Circle**: Yes or No

Diagnosis:_____

Medications:_____

Does the student have any pending lunch charges? **Circle**: Yes or No

Lake Forest Academy
Referral Packet
Teacher Reports/Comments

Teacher's Name: _____ Grade ____

Please comment on student's class conduct:

Student's strengths:

_____
_____
_____

Primary behaviors of concern and frequency:

_____
_____
_____

Please comment on student's academic achievement:

Student's strengths:

_____
_____
_____

Areas of concern:

_____
_____
_____

Please indicate interventions within the classroom that have been put in place and their effectiveness. Also, the date of implementation and end date if applicable:

_____
_____
_____
_____
_____

Is there anything the student has responded well to in order to be successful (ie: tangible rewards, quiet tone, treasure box, etc):

_____
_____
_____

Student Name:

Lake Forest Academy
Referral Packet
Counselor/Social Worker Reports/Comments

Counselor/Social Worker Name: _____

Please comment on your knowledge of the student in regards to his/her socialization skills and ability to get along with others:

Student's strengths:

_____
_____
_____
_____

Areas of concern:

_____
_____
_____
_____

Please comment on any interventions you have provided to help modify this student's behavior while in school and the effectiveness of these interventions:

_____
_____
_____
_____
_____
_____

Please comment on social issues or concerns this student may be experiencing at home or school that may contribute to his/her behaviors:

_____
_____
_____
_____
_____
_____

Student Name:

NEW HANOVER COUNTY SCHOOLS

MUTUAL EXCHANGE OF INFORMATION

Date: _____

Concerning:

Student: _____ DOB: ___/____/____
Last First Middle

School attending: _____

I, parent or guardian, do hereby authorize the mutual exchange of medical, psychiatric, social work, psychological, educational and developmental history information regarding the above named student between:

New Hanover County Schools

AND

Lake Forest Academy and Coastal Horizons Center
1806 South 15th Street, Wilmington, NC 28401
(910)772-2515

This authorization will be valid for the period of one year.

The purpose of this information is to ensure that the educational program offered to your child is of the best possible quality. It may be used in making recommendations regarding educational placement, but no decisions will be final without separate consent. I understand that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

This authorization is fully understood and is made voluntarily on my part.

PARENT OR LEGAL GUARDIAN:

Signature: _____

Address: _____

Telephone: _____