

Appendix A

DST REFERRAL / RECOMMENDATION / PROCEDURES FORM

Student Name: _____ MSIS Number: _____ Grade: _____ DOB: _____

Date initiated: _____

1. Recommendation to Day Treatment/Alternative School from Principal by:

- TST (e.g., minutes, interventions) IEP Committee (e.g., behavior plan, FBA results)
- Pine Belt Consultation Other _____

***List all documentation enclosed:

- Report Cards Attendance Records TST minutes Interventions
- Discipline referral Behavior Plan FBA Discipline log
- 504 Plan/IEP Pine Belt Information Other _____

2. Documentation sent to Central Office for DST meeting to be scheduled.

3. District Support Team recommendations: Date of meeting: _____

- Insufficient or incomplete documentation (Return to referral source for additional information).
- Student not eligible for Alternative/Day Treatment: Attempt more intensive interventions.
- Student recommended for Alternative School/Day Treatment. Continue checklist.
- Other: _____

Signatures: _____

** Copy – Central Office ** Original – Principal

4. Discipline Hearing / Parent Conference held. *Parent signature X* _____

- a. Parent notified of DST decision.
- b. Pine Belt Referral form signed by parent (to be given to Pine Belt for intake).

5. Pine Belt Intake completed.

6. IEP Review/Revision (If applicable) by SPED teacher.

7. Class schedule modified by counselor/principal and changed in MSIS.

8. Teacher(s) notified of student's placement by counselor/principal. (CHS use Appendix D)

9. Copy of all records sent to Day Treatment/Alternative School by counselor.

10. Student/Parent Orientation scheduled with Day Treatment staff/Alternative School.
(Appendix C: CHS only) Meeting Date: _____

Date Student Scheduled to Enter Day Treatment/Alternative: _____

Date Completed: _____

Principal/Assistant Principal