OUT OF STATE

Special Education Referral
Phone: (218)-741-9201 ext.0
Address: 8580 Enterprise Drive S., Mt. Iron, MN 55786
https://www.northlandsped.org/

Directions: When a student comes from out of state with an IEP, complete all sections (A – D) of this form. This is a **FILLABLE** form (as a Word document). Boxes are clickable. Text cues or the arrow symbol **(→)** indicate a field where text can be entered. When complete, send to the school psychologist for your school as an email attachment.

Please check one: ☐Interim IEP *in Progress* ☐Interim IEP *in place*

A. Cover Page (Required Information)

Date: choose date	**MARSS #**: →Click or tap here to enter text.	
Transfer Date: choose date	**Previous State and District**: →	
Student's Name: →	**Date of Birth**: →	**Age**: →
Grade: choose or type	**Gender**: →	**Ethnicity**: →
Parents or Primary Caregivers Information (at least one main contact; if two parents will need to be contacted add 2nd):		
Name: →	**Relationship to student**: →	
Email: →	**Phone**: →	
Name: →	**Relationship to student**: →	
Email: →	**Phone**: →	
Name of IEP/Case Manager: →		
Email: →	**Phone/Ext**: →	
Name/email of two additional teachers/staff who know student well (may be needed for electronic rating forms)**:**		
Name: →	Email: →	Position: →
Name: →	Email: →	Position: →
Resident District: →	**Providing District/School**: →	
Special Education Category Listed on Out-of-State IEP: →		
Secondary/Tertiary Categories if applicable: →		
Does this student use language similar to peers? Has student been on a MN IEP in past?	☐Yes ☐No If no, 1st language? → ☐Yes ☐No If yes, when? →	
Date of Current Evaluation: →	**Date of Current IEP**: →	

Services Currently Receiving (check all that apply):

☐ADAPT/In-School Counseling ☐ Outside Counseling ☐ Occupational Therapy ☐Physical Therapy
☐Physical Impairment ☐Adaptive PhyEd (DAPE) ☐Vision Impairment ☐Speech/Language
☐Targeted Services/Tutoring (if yes, describe): →
☐County Case Management (e.g. Social Services) ☐Other:→

B. Student's Performance and Relevant History

Based on File Review: Areas of Concern (Check All That Apply):	
Academic Skills ☐Basic Reading Skills (i.e., phonics) ☐Reading Fluency/ Low Words Correct Per Minute ☐Reading Comprehension ☐Difficulty Recalling Vocabulary/Concepts ☐Basic Math Skill ☐Math Facts ☐Math Calculations ☐Math Concepts/ Problem Solving ☐Spelling ☐Written Expression (ideas; grammar; mechanics) ☐Handwriting skills (legibility; fine motor control) ☐Listening Skills (e.g. recall; multi-step directions; comprehension of verbal information) ☐Oral Language (if checked, please also check appropriate boxes in communication skills area – previous page) ☐Other →	**Performance/Work Production** ☐Attention ☐Organizational Skills ☐Study Skills ☐Limited Endurance ☐Task Initiation ☐Task Completion ☐Limited Physical Strength ☐Attendance ☐Fatigue ☐Difficulty Concentrating ☐Planning and/or Sequencing Information ☐Other: →
Behavior ☐Verbally Aggressive ☐Physically Aggressive ☐Disruptive ☐Non-Compliant ☐Frequent blurting out ☐Hyperactive/ Impulsive ☐Withdrawn ☐Anxious ☐Disordered Thoughts (e.g., irrational, incoherent) ☐Atypical Behavior (e.g., delusional, extremely odd actions, self-injury) Describe: enter brief description ☐Other: →	**Other** ☐Fine Motor Skills (e.g. buttons, tying, using scissors, handwriting, typing, etc.) ☐Gross Motor Skills ☐Low Cognitive Ability ☐Communication Skills ☐Daily & Independent Living Skills ☐Social & Interpersonal Skills ☐Difficulty with Changes in Routine ☐Difficulty with Transitions ☐Difficulty Making Friends ☐Social Naiveté or Vulnerability ☐Other: →

Has a Functional Behavior Assessment (FBA) been completed for this student? ☐Yes ☐No
Does this student have a Behavior Intervention Plan (BIP) or Positive Behavior Support Plan (PBSP)? **☐Yes ☐No** ***If not***, does the student need one based on their present behavior? **☐Yes ☐No**

B. cont. Student's Performance and Relevant History

Medical Concerns-Health History

Please have the nurse complete vision/hearing screening prior to sending in referral. Report results:

Vision: ☐ Passed ☐ Failed Corrective lenses? ☐Yes ☐No

Hearing: ☐ Passed ☐ Failed Hearing Device? ☐Yes ☐No

If student has a hearing device, does the student have an amplification system? ☐Yes ☐No

If failed vision or hearing screening, report actions/steps being taken by nurse (e.g., rescreening date, parent follow-up):
→

Attendance History: ☐No concerns ☐Frequently absent Current year absences: #absent/#school days

Has this child been assessed in another district, state or by a private provider? ☐**Yes** ☐**No**

Does this student have a medical or mental health diagnosis? ☐**Yes** ☐**No**

If yes to either question, please check with school psychologist re: whether a copy of evaluation results is needed. ☐ **Done**

Medical Concerns-Health History (List diagnoses, medications, side effects, specialized health care procedures required, etc.):
→

Current Academic Performance (Grades)

Reading: →	Math: →	English: →	Spelling: →	Science: →
Other: →				

Describe communication skills: ☐Nonverbal ☐A few words ☐Phrase speech ☐Halting speech
☐Articulation errors ☐Poor grammar ☐Difficulty conveying thoughts/ideas ☐Slow oral response
☐Difficulty repeating back information ☐Fluent speech (average/above average speech/language skills)
☐Other (describe): →

If student is nonverbal or physically impaired, how do they functionally communicate their responses?
☐Signing ☐Picture board ☐Technology (describe): →
☐Other (describe): →

Performance Data

(Office-Discipline Referrals, State Testing, STAR Testing Data, CBM Data, RTI Data, etc.; please include descriptors of test scores (e.g. percentiles; benchmark expectations)

→

Summarize Any Relevant Concerns About the Student from Parent, Past School, and Current Teacher(s)

→

B. cont.	NLC Socio-Cultural Checklist (Must be completed; check all that apply)	
1. Race/Cultural Factors		
a. The student is racially different from the majority of peers and staff in this school.		☐
b. The student's family participates regularly in events within their race/cultural group and/or the family is an enrolled member of a recognized American Indian tribe.		☐
c. The student seldom interacts with peers or staff of other racial/cultural backgrounds or has poor relations with peers and staff of other racial/cultural backgrounds.		☐
d. The student's cultural values support family or group over individual effort.		☐
e. The student recently moved from another town, city, district or state.		☐
f. These issues do not apply to this student.		☐
2. Communication/Language Factors		
a. There is a language, dialect, or communication style other than Standard English spoken by the family members in the student's home.		☐
b. The student has a language, dialect, or communication style other than Standard English.		☐
c. These issues do not apply to this student.		☐
3. Other Factors		
a. The student's family has moved more than once during the current school year or has a pattern of moving at least once a year over several years.		☐
b. The student's previous education has been sporadic, limited, or very different from the current school.		☐
c. The student's primary caregiver has changed within the last year.		☐
d. The student has recently experienced a crisis or trauma.		☐
e. The student expresses or displays a sense of stress, anxiety, or isolation.		☐
f. These issues do not apply to this student.		☐

C. Provide School Psychologist with Copy of Past Evaluation(s)

☐Attached to email ☐Mailed ☐Other (e.g. in SpedForms): →

D. Provide School Psych with Copy of Relevant Medical Records

☐Not applicable ☐Attached to email ☐Mailed ☐Other →

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