

MERIDEN PUBLIC SCHOOLS
REFERRAL PROCESS AND PROCEDURES

FLOW CHART
Pupil Personnel Programs

<u>NOTICE</u> Letter to parents informing them of educational concern	<u>REFERRAL</u> Request for supportive classroom services Form 1	<u>RIGHTS</u> Copy of due process rights sent to parents	<u>CONSENT</u> Parent signs consent for evaluation Form 2	<u>RELEASE</u> Parent signs release of information Form 3	<u>BACKGROUND</u> Developmental history is completed Form 4	<u>EVALUATION</u> Student assessment takes place	<u>CONFERENCE</u> Student assessment conference with parents
<u>DECISION</u> Need for special services No need for special services	<u>NOTICE</u> Notice of PPT meeting (staff) Form 5	<u>NOTICE</u> Notice of PPT meeting (parents) Form 6	<u>MEETING</u> PPT meeting takes place	<u>DECISIONS</u> Educational decisions are made	<u>RESULTS</u> Placement in special education or related services No placement No services	<u>PLAN</u> Individual education plan is completed Copy to parents	<u>CONSENT</u> Parent signs consent for placement Form 7
<u>CODES</u> Request for codes made	<u>SEMIS</u> SEMIS forms completed	<u>UPDATE</u> Adjust computerized student file	<u>OPPP</u> IEP and all attachments sent to OPPP	<u>PLAN</u> Individual educational plan implemented	<u>REVIEW</u> Parents invited to review placement at least annually	<u>MONITOR</u> Ongoing assessment of student and placement	

CHECKLIST FOR PLANNING AND PLACEMENT MEETINGS

PUPIL PERSONNEL PROGRAMS
MERIDEN PUBLIC SCHOOLS

Check Here

- _____ 1. Frequent and informal contracts with communications between teachers and parents of children with possible special needs. (*All Staff*)
- _____ 2. Written prior notice sent to parent. (*Form A - Principal*)
- _____ 3. Parent and/or any member of the Planning and Placement Team refers child for evaluation and assessment.
- _____ 4. Referral form is completed. (*Form 1 - Teacher/Guidance Counselor*)
- _____ 5. Copy of Due Process Rights sent to parent. (*Pink Card - Guidance Counselor*)
- _____ 6. Parent or guardian signs "Parent Consent Form for Evaluation." (*Form 2 or 2a - Guidance Counselor*)
- _____ 7. A. If appropriate, parent or guardian signs "Authorization for Release of Information." (*Form 3 or 3a - Guidance Counselor*)
- _____ 8. B. If appropriate, parent or guardian signs same form requesting information from other agencies. (*Form 3 or 3a - Guidance Counselor*)
- _____ 9. Ongoing informal communications between all team members (including parents) concerning child's progress and in-house program adjustments.
- _____ 10. Principal or school PPT chairperson monitors progress.
- _____ 11. Developmental History completed by counselor or social worker. (*Form 4 or 4a*)
- _____ 12. Evaluation and assessment takes place. (*OPP staff*)

SECTION H: INSTRUCTION

HF2.1-E(1)

Checklist for Planning and Placement Meetings (cont'd.)

- _____ 13. School psychologist has conference with parent to review results.
- _____ 14. Date for Planning and Placement Meeting set by principal or PPT chairperson.
- _____ 15. Notice of Planning and Placement Meeting sent to OPPP. Usually two weeks before meeting. (*Green Form 5 - Guidance Counselor*)
- _____ 16. Letter sent to parent to invite them to meeting. Five days prior to meeting. (*Form 6 or 6a - Guidance Counselor*)
- _____ 17. Guidance counselor follows up #16 with phone calls and additional letter, if needed. Notes dates of letters and calls on I.E.P. form.
- _____ 18. Written reports by all team members who have contact with child for use at PPT Meeting. These reports may take one of the following three formats:
 - A. Complete written report by team member who has frequent or individual contact with child.
 - B. In-house report of child's progress and behavior.
 - C. Report included on I.E.P. form.
- _____ 19. Repeat #9 and #10 on regular basis.
- _____ 20. PPT takes place.
- _____ 21. Minutes of meeting are recorded by the person who will give the greatest amount of direct service.
- _____ 22. Team (including parent) agree on appropriate placement and program for child. (*Staff*)
- _____ 23. All appropriate parts of the I.E.P. Form are completed. (*Guidance Counselor*)
- _____ 24. Parent or guardian signs Consent for Placement. (*Form 7; 7a for Spanish*)

SECTION H: INSTRUCTION

HF2.1-E(1)

Checklist for Planning and Placement Meetings (cont'd.)

- _____ 25. Guidance counselor completes SEMIS request for code number if student is being placed in a special program for the first time. (*Guidance Counselor*)
- _____ 26. SEMIS forms completed, signed and dated. (*Guidance Counselor*)
- _____ 27. I.E.P., SEMIS, and attachments sent to OPPP.
- _____ 28. Adjustments made to the computerized student file. (*Principal*)
- _____ 29. The I.E.P. should be developed and implemented as soon as possible or within 30 days of a determination that the child will need special education. (*Principal*)

SECTION H: INSTRUCTION

HF2.1-E(1)

MERIDEN PUBLIC SCHOOLS

Individualized Educational Plan

Date_____

Student_____ Birthdate_____ Phone Number_____

Home Address_____ School_____ Grade_____

Members of Planning and Placement Team Present

Administrator_____ Parent(s)_____

Teacher_____ Special Education Teacher_____

Teacher_____ Psychologist_____

Counselor_____ Speech Pathologist_____

Social Worker_____ Nurse_____

Agency_____ Other_____

Purpose of Meeting_____

I. Educational History_____

II. Present Level of Performance

A. Academic Achievement

Math Level_____ Grade_____ Standardized Test and Score_____

Comment_____

Reading Level_____ Grade_____ Standardized Test and Score_____

Comment_____

Language Arts Level_____ Grade_____ Standardized Test and Score_____

Comment_____

Science Level_____ Grade_____ Comment_____

Social Studies Level_____ Grade_____ Comment_____

E.E.R.A. _____ Yes _____ No

_____ Student's Name

B. Social and Emotional Adaptation _____

C. Pre-Vocational and Vocational Skills _____

D. Psychomotor Skills _____

E. Self-Help Skills _____

F. Other _____

III. Results of Assessments

A. Psychological _____ Date _____

B. Educational _____ Date _____

C. Speech/Language and Hearing _____ Date _____

D. Health and Medical _____ Date _____

E. Other _____ Date _____

IV. List of Attachments

Teacher Reports _____ Health Report _____

Parent Permission for Evaluation _____ Developmental History _____

SEMIS Report _____ Parental Consent for Placement _____

Request for Coding _____ Other _____

Student's Name

V. Summary Recommendations

Classroom Modifications _____

Related Services _____

Special Transportation Needs _____

The student will:

_____ Be placed

_____ Be reevaluated

Date _____

_____ Continue placement

_____ Discontinue placement

In _____

In _____

In _____

Program/Service	Name and Title of Personnel Responsible	Date to Begin	Time/Week	Duration
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ANNUAL GOALS

Student's Name

Short Term Objective	Performance Criteria	Evaluation Procedure	Evaluation Schedule

SECTION H: INSTRUCTION

HF2.1-E(1)

Student's Name

VI. Participation in Regular Classes _____

VII. Justification _____

VIII. Copy of Due Process Rights Given to Parents _____ Yes _____ No

IX. Attempts to Contact Parent (if not present) _____

X. Parent Comments _____

XI. Method of Notification to Parent of the Results of PPT Meeting (If not present)

Phone Call _____ Date _____ By _____

Conference _____ Date _____ With _____

Letter/IEP _____ Date _____ Sent By _____

I have had the opportunity to participate in the development of this individualized education program, and understand its content. I have received a copy of and am aware of my Due Process Rights. I give my permission for my child to participate in these programs/services.

Parent's or Guardian's Signature

Student's Signature

Recorder's Signature

Administrator's Signature

I do not give my permission for my child to participate in these programs.

Parent's or Guardian's Signature

