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**NEW FRONTIERS SCHOOL REFERRAL PROCESS**

1.  **PROCEDURES FOR SCHOOL PERSONNEL**:

Contact: Cindy Pedersen, Program Supervisor

 Phone: 320-253-8940

Email: cpedersen@bentonstearns.k12.mn.us

2. **ACCUMULATION OF DATA**:

 In preparation for the intake meeting at Benton Stearns New Frontiers (BSNF), the following

should occur:

1. Complete a BSNF Referral Packet
2. Individual Education Plan (BIP)
3. Evaluation Report (FBA)
4. Psychological Reports (if available)
5. Immunization Record
6. Discipline / Incident reports
7. SPED Form (Make Karla Kaiser Case Manager)
8. BSNF tour if requested by parents

3. **ATTENDANCE AT MEETING**:

1. Home School representatives (mandatory)
2. Parents / Guardian (mandatory)
3. Student
4. BSNF Intake Facilitator and IEP Manager
5. County Social Worker (if one is appointed)
6. Probation Worker (if one is appointed)

4. **INTAKE PACKET**:

The BSNF intake worker will assist parents in filling out the intake paperwork after the meeting.

**NOTE**:  Transportation is the responsibility of the referring school representative.

 Mail, fax or email (email preferred) the entire referral packet to:

 Jody Brings

 Benton Stearns New Frontiers

 324 3rd Avenue South

 Sauk Rapids, MN  56379

 Fax:   320-253-8940

 Email: jbrings@bentonstearns.k12.mn.us

Date received at Benton Stearns: Click or tap here to enter text.

Students Name: Click or tap here to enter text.

Grade Level: Click or tap here to enter text.

Parent or Legal Guardian: Click or tap here to enter text.

Address: Click or tap here to enter text.

Telephone #: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Parent or Legal Guardian: Click or tap here to enter text.

Address: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Referring School District: Click or tap here to enter text.

Referring School District Representative: Click or tap here to enter text.

Referring School Representative District Phone #: Click or tap here to enter text.

Referring School District Representative Email Address: Click or tap here to enter text.

Home School District: Click or tap here to enter text.

Home School District Representative: Click or tap here to enter text.

Home School District Representative Phone #: Click or tap here to enter text.

Home School District Representative Email Address: Click or tap here to enter text.

Area(s) of Disability: Click or tap here to enter text.

 Primary: Click or tap here to enter text.

 Secondary: Click or tap here to enter text.

 3-year Evaluation Date: Click or tap here to enter text.

**INTERAGENCY SERVICES & CONTACT INFORMATION**

Legal Guardian: Click or tap here to enter text.

 Phone Number: Click or tap here to enter text.

 E-mail Address: Click or tap here to enter text.

Social Worker: Click or tap here to enter text.

 County: Click or tap here to enter text.

 Phone #: Click or tap here to enter text.

Guardian ad Litem: Click or tap here to enter text.

 Phone #: Click or tap here to enter text.

 Email Address: Click or tap here to enter text.

Mental Health Services: Click or tap here to enter text.

 Worker’s Name: Click or tap here to enter text.

 Service Agency: Click or tap here to enter text.

 Worker’s Phone #: Click or tap here to enter text.

 Worker’s Email Address: Click or tap here to enter text.

Probation Officer: Click or tap here to enter text.

 Phone #**:** Click or tap here to enter text.

 Email Address: Click or tap here to enter text.

Skills Worker: Click or tap here to enter text.

 Service Agency: Click or tap here to enter text.

Phone #**:** Click or tap here to enter text.

 Email Address: Click or tap here to enter text.

**FAMILY INFORMATION**

**The student lives with**:

 Choose an item.

**What is the student’s current living situation (custody arrangement / custody schedule)?**  Click or tap here to enter text.

**When is the best time to meet with parents/guardians?** Click or tap here to enter text.

**Are there any traumatic events that would impact the child’s education?** Click or tap here to enter text.

**Are there any current legal issues that would impact the child’s education?** Click or tap here to enter text.

**Are there physical or medical conditions BSNF staff needs to be aware of?** Click or tap here to enter text.

Explain: Click or tap here to enter text.

**Allergies?** Click or tap here to enter text.

**Current medication taken at school?** Click or tap here to enter text.

**Are or were there chemical use issues for this student and to what extent?** Click or tap here to enter text.

**Are or were there sexual issues for this student and to what extent?** Click or tap here to enter text.

**REFERAL QUESTIONAIRE**

1. Reason for referral: Click or tap here to enter text.
2. Prior services/placement history: Click or tap here to enter text.
3. School interventions prior to referral: Click or tap here to enter text.
4. Student’s Strength’s: Click or tap here to enter text.
5. Student’s challenges/stressors: Click or tap here to enter text.
6. Student motivators: Click or tap here to enter text.
7. Student’s needs to be addressed by BSNF (as seen by referral team):
	1. Academic: Click or tap here to enter text.
	2. Behavior: Click or tap here to enter text.
	3. Social: Click or tap here to enter text.
8. Desired school outcome from Benton Stearns: Click or tap here to enter text.
9. Current adaptations and modifications: Click or tap here to enter text.
10. Is this student on track to graduate? Click or tap here to enter text.
11. Is this student going to graduate off his/her IEP? Click or tap here to enter text.
12. Are there truancy concerns? Click or tap here to enter text.

 Explain: Click or tap here to enter text.

**BEHAVIORIAL QUESTIONAIRE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PRO-SOCIAL BEHAVIORS** | **Never** | **Sometimes** | **Often** | **Always** |
| Cooperative and Respectful | [ ]  |[ ]  [ ]  | [ ]  |
| Honest and truthful | [ ]  |[ ] [ ]  [ ]  |
| Appropriate hygiene and dress | ☐ | ☐ | ☐ | ☐ |
| Willing to follow established rules |[ ] [ ] [ ] [ ]
| Participates in extracurricular activities |[ ] [ ] [ ] [ ]
| Accepts responsibility for own actions |[ ] [ ] [ ] [ ]
| Demonstrates awareness of right and wrong |[ ] [ ] [ ] [ ]
| Stays in assigned area |[ ] [ ] [ ] [ ]
| Will walk to recovery area when directed |[ ] [ ] [ ] [ ]
| Works without distracting others |[ ] [ ] [ ] [ ]
| Refrains from supporting or engaging in negative behavior |[ ] [ ] [ ] [ ]
| Responds to provocation with self-control |[ ] [ ] [ ] [ ]
| Accepts help / assistance from adults |[ ] [ ] [ ] [ ]
| Maintains control when faced with disappointment |[ ] [ ] [ ] [ ]
| Respects personal boundaries |[ ] [ ] [ ] [ ]
| Works independently / uses time productively |[ ] [ ] [ ] [ ]
| Accepts corrective feedback |[ ] [ ] [ ] [ ]
|  |  |  |  |  |
| **CONDUCT** | **Never** | **Sometimes** | **Often** | **Always** |
| Physical aggression (people / animals) |[ ] [ ] [ ] [ ]
| Verbal aggression |[ ] [ ] [ ] [ ]
| Bullies, threatens others |[ ] [ ] [ ] [ ]
| Brought a weapon to school |[ ] [ ] [ ] [ ]
| Rage outbursts |[ ] [ ] [ ] [ ]
| Damages school property |[ ] [ ] [ ] [ ]
| Sexual concerns |[ ] [ ] [ ] [ ]
| Lies |[ ] [ ] [ ] [ ]
| Manipulative |[ ] [ ] [ ] [ ]
| Steals things |[ ] [ ] [ ] [ ]
| Leaves school building / property |[ ] [ ] [ ] [ ]
|  |  |  |  |  |
|  |  |  |  |  |
| **ATTENTION** | **Never** | **Sometimes** | **Often** | **Always** |
| Poor attention span/easily distracted |[ ] [ ] [ ] [ ]
| Doesn't finish tasks |[ ] [ ] [ ] [ ]
| Problems organizing materials |[ ] [ ] [ ] [ ]
| Fidgets, squirms, on-the-go |[ ] [ ] [ ] [ ]
| Interrupts/talks all the time |[ ] [ ] [ ] [ ]
| Problems waiting for a turn |[ ] [ ] [ ] [ ]
| Impulsive |[ ] [ ] [ ] [ ]
| Doesn't listen |[ ] [ ] [ ] [ ]
| Avoids tasks which require sustained attention |[ ] [ ] [ ] [ ]
| Requires multiple prompts to begin, stay on or complete tasks |[ ] [ ] [ ] [ ]
|  |  |  |  |  |
| **DEPRESSIVE SYMPTOMS** | **Never** | **Sometimes** | **Often** | **Always** |
| Angry |[ ] [ ] [ ] [ ]
| Sleep disturbances |[ ] [ ] [ ] [ ]
| Isolates self |[ ] [ ] [ ] [ ]
| Self-injurious behavior |[ ] [ ] [ ] [ ]
| Suicidal ideation |[ ] [ ] [ ] [ ]
| Unusual thought patterns |[ ] [ ] [ ] [ ]
| Lethargic & tired |[ ] [ ] [ ] [ ]
| Demonstrates frequent mood changes |[ ] [ ] [ ] [ ]
|  |  |  |  |  |
| **OPPOSITIONAL BEHAVIORS** | **Never** | **Sometimes** | **Often** | **Always** |
| Touchy, easily annoyed |[ ] [ ] [ ] [ ]
| Argues / defiant |[ ] [ ] [ ] [ ]
| Tantrums |[ ] [ ] [ ] [ ]
| Spiteful/mean |[ ] [ ] [ ] [ ]
| Bothers others deliberately |[ ] [ ] [ ] [ ]
| Blames others for own mistakes |[ ] [ ] [ ] [ ]
| Shuts down |[ ] [ ] [ ] [ ]
|  |  |  |  |  |
| **ANXIETY/WORRY** | **Never** | **Sometimes** | **Often** | **Always** |
| Separation anxiety |[ ] [ ] [ ] [ ]
| Excessive worries |[ ] [ ] [ ] [ ]
| Difficulty coping |[ ] [ ] [ ] [ ]
| Rigid thinking |[ ] [ ] [ ] [ ]
| Easily upset |[ ] [ ] [ ] [ ]

**ACADEMIC INFORMATION**

**Reading:**

Estimated grade level: Click or tap here to enter text.

 Skill deficits: Click or tap here to enter text.

 Skill strengths: Click or tap here to enter text.

 Current course work: Click or tap here to enter text.

 Last MCA test results: Choose an item.

**Language Arts / Written Language:**

Estimated grade level: Click or tap here to enter text.

 Skill deficits: Click or tap here to enter text.

 Skill strengths: Click or tap here to enter text.

 Current course work: Click or tap here to enter text.

 Last MCA test results: Choose an item.

**Math:**

Estimated grade level: Click or tap here to enter text.

 Skill deficits: Click or tap here to enter text.

 Skill strengths: Click or tap here to enter text.

 Current course work: Click or tap here to enter text.

 Last MCA test results: Choose an item.

**Science:**

Estimated grade level: Click or tap here to enter text.

 Skill deficits: Click or tap here to enter text.

 Skill strengths: Click or tap here to enter text.

 Current course work: Click or tap here to enter text.

 Last MCA test results: Choose an item.

**Social Studies:**

 Estimated grade level: Click or tap here to enter text.

 Skill deficits: Click or tap here to enter text.

 Skill strengths: Click or tap here to enter text.

 Current course work: Click or tap here to enter text.

 Last MCA test results: Choose an item.