



GLEN MILLS REFERRAL FORM

When completed, please mail or email the referral to:

**Special Programs
referrals@dciu.org
Delaware County Intermediate Unit
200 Yale Avenue
Morton, PA 19070**

OR

Fax to DCIU Special Programs office 610-938-9886

District Name: _____ District AUN: _____

Student's Name: _____

PA Secure ID: _____ Current Grade Level: _____

Birth Date: _____ Gender: _____

Person's status in relation to legal adulthood as specified by state law:

M = Minor (under 21) **A = Adult** **E = Emancipated Minor**

**Student's Address: _____
_____**

This address is: Residence Foster Home Institution/Group Home

Parent Name: _____

Guardian Relationship: Natural Parent Foster Parent Guardian

**Address: _____
_____**

Telephone: Home: _____ Work: _____ Cell: _____

Ethnic Code: _____

- 1 American Indian/Alaskan Native**
- 3 Black/African American (not Hispanic)**
- 4 Hispanic (any race)**
- 5 White/Caucasian (not Hispanic)**
- 6 Multi-Racial**
- 9 Asian**
- 10 Native Hawaiian/Pacific Islander**

Please check the appropriate criteria for this referral:

- 1. Disregard for school authority, including *persistent violation of school policy and rules.*
- 2. Display of or use of controlled substances on school property or during school affiliated activities.
- 3. Violent or threatening behavior on school property or during school-related activities.
- 4. Possession of a weapon on school property, as defined under 19 Pa. C.S. Section 912 (relating to possession of a weapon on school property).
- 5. Commission of a criminal act on school property.
- 6. Misconduct that would merit suspension or expulsion under school policy.
- 7. Student is returning from placement or is on probation resulting from being adjudicated delinquent or has been convicted or committing a crime in an adult criminal proceeding.
- 8. *Habitual truancy**
*All procedures including the implementation of Truancy Elimination Plan must have been implemented and followed PRIOR to placing habitually truant students in AEDY programs.

Students in grade 6-12 may be served by AEDY Programs.

Eligibility Category: _____
(Example: Specific Learning Disability, Emotional Disturbance)

Specific Referral Concerns: _____

The following documents must be attached:

- PSSA/PASA SCORES:** Please attach a copy of the student's full PSSA Score Report, showing score breakdowns by reporting category.
- Discipline Records (including current year suspensions)**
- Current IEP/Service Agreement**
- Current ER**
- Psychological Report (If applicable)**
- Psychiatric Report (If applicable)**
- Any other pertinent reports**

For the following specific referrals, please include documents listed:

Diagnostic Placement – Current school records

Physical Therapy - Physician's Referral

Occupational Therapy - Will need a prescription if there is specific medical precautions that should be observed, i.e. recent surgeries, child medically fragile, progressive and debilitating disease, etc.

Alternative Education - Attendance and Guidance records, GPA, FBA, RTI, Behavioral Plan, Discipline Records, class schedules, report cards, and the reason for referral "Under what behavioral criteria is this referral being sent here?"

Vision Support and Orientation & Mobility - Current Eye Doctor report.

Authorized Signature: _____
(Special Education Director or Supervisor)

By signing this Referral Form, the signatory has received approval from the Superintendent of the School District to commit resources for student programming.

Print Name: _____

Date: _____

AFTER A STUDENT IS ACCEPTED, THE NOTICE OF RECOMMENDED EDUCATIONAL PLACEMENT (NOREP), IMMUNIZATION RECORDS AND NOTIFICATION THAT TRANSPORTATION HAS BEEN ARRANGED MUST BE GIVEN TO PROGRAM SUPERVISOR BEFORE STUDENT MAY BEGIN CLASS.

Please Note: The information on Page 3 is required to process the referral.

The following information is required by PDE for the PIMS database.

Student: _____

District: _____

| Please refer to your district's PIMS Manual for codes (Table Values) to fill in blanks. | | | | | | |
|--|--------------------------|----|--------------------------|--|------------|--|
| | Yes | No | | | | |
| 1. Challenge Type - Disability type of Individual | | | | | | |
| 2. Special Education | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| 3. LEP Participation | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| 4. Repeating Last Year (Attending beyond gr. 12 - through age 21) | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| 5. Expected Graduation Time Frame 2 digit Month and 2 digit Year (Can be left null for elementary and middle school, but must be completed for any student who has entered Grade 9.) | | | | | | |
| 6. Plan 504 Indicator | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| 7. Foreign Exchange Student | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| 8. Gifted and Talented | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| 9. Poverty Code | | | | | | |
| 10. Grade 9 Entry Date | | | | | | |
| 11. State Entry Date | | | | | | |
| 12. Initial US Entry Date (ELL students only) | | | | | | |
| 13. Homeless | <input type="checkbox"/> | | <input type="checkbox"/> | | Doubled Up | |
| 14. Migrant Status | | | | | | |
| 15. English Proficiency (ELL students only) | | | | | | |
| 16. Language Breakdown (For Spanish and Arabic speakers only) | | | | | | |
| 17. Home Language Code | | | | | | |
| 18. Years in US Schools (Immigrant Students only) | | | | | | |
| 19. Country of Birth Code | | | | | | |
| 20. Birth Date Verification Code | | | | | | |
| 21. Immigrant Indicator | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| 22. Location Code of Residence | | | | | | |
| 23. City of Birth | | | | | | |
| 24. State Code of Birth | | | | | | |
| 25. Home Address State County Code | | | | | | |

Thank You!



AEDY Referral Form

Date: _____ Parent/Guardian: _____
 Student Name: _____ Address: _____
 Grade: _____ Phone: _____
 Date of Birth: _____ Email: _____
 PASecureID #: _____ Home District: _____
 Gender: Male Female School Name: _____
 Ethnicity: _____ Date of Placement: _____

- White Hispanic
- Asian Multi-racial
- Black/African American
- Native Hawaiian/other Pacific Islander
- American Indian/Alaskan Native
- Special Education
- Regular Education
- E.L.L (English Language Learner)

ALL REFERRALS MUST MEET THE FOLLOWING CRITERIA:

Disruptive student: A student who poses a clear threat to the safety and welfare of other students or the school staff, who creates an unsafe school environment or whose behavior materially interferes with the learning of other students or disrupts the overall educational process. **By law, districts may refer students to AEDY programs only if, at the time of the recommended transfer, they demonstrate, to a marked degree, any of the following conditions:**

REASON(S) FOR REFERRAL: (Please check all that apply):

Students enrolled in this program must be considered disruptive as Defined by Act 30 of 1997, § 19-1901-C (5). Identify and provide documentation (such as suspension documents) that applies to each behavior resulting in the referral.

- (1) Disregard for school authority, including *persistent* violation of school policy and rules;
- (2) Display of or use of controlled substances on school property or during school-affiliated activities;
- (3) Violent or threatening behavior on school property or during school-affiliated activities;
- (4) Possession of a weapon on school property, as defined under 18 Pa. C.S. § 912 (relating to possession of weapon on school property);
- (5) Commission of a criminal act on school property or during school-affiliated activities;
- (6) Misconduct that would merit suspension or expulsion under school policy;
- (7) *Habitual* truancy (all procedures, including the implementation of a Truancy Elimination Plan (TEP) must have been implemented and followed **PRIOR** to placing habitually truant students in AEDY programs).

TEP Implementation Date: _____ Date TEP Determined Unsuccessful: _____

Only students in grades 6-12 may be placed in AEDY programs. Do not alter or add to the above seven reasons for placement during completion of form.

The intervention sheet must be completed. All three levels of interventions (Administrative, Guidance Referral, and SAP Referral) must be documented. Documentation includes interventions that were completed, attempted, offered and/or declined.

| Behavior (please describe) | Intervention with Dates & Notes | Notes |
|--|--|-------|
| Administrative | | |
| | Parent Contact(s) – review behavior/discuss expectations: Reflection documents, apology, behavior contract, conflict agreements: Connect student to school activities: Involve teachers in meetings, mentors, conferences: Child Study Team meeting(s): In-school Suspension(s) Date(s): Out-of-school Suspension(s) Date(s): Other: | |
| School Counselor Referral | | |
| | Date(s) of referral(s) – from any source: Possible Outcomes (enter date intervention(s) were attempted) Parent Contact: Student-created Action Plan: Check in/out: Schedule Modification: Conflict Resolution Strategies: Mentoring: Peer Mediation: Referral to Group: Individual, group or community based counseling: Other: | |
| SAP Referral (must be offered, even in the case of immediate placement) | | |
| | Parent Contact: Possible Outcomes: Contact with outside agencies: Mental Health Evaluation: Individual or Group Counseling: Community Based Services Parent/Student refused SAP Other: | |

In accordance with 24 PS § 19-1902-C(5), I hereby certify that the above stated interventions were implemented prior to initiating the AEDY referral and acknowledge same by signature:

 School Counselor (mandatory signature)

 Date

VERIFICATION OF INFORMAL HEARING FOR AEDY PLACEMENT

All students recommended for assignment to an AEDY program must be provided with due process prior to placement including an informal hearing in accordance with 22 Pa. Code §12.8 (c). The purpose of the informal hearing is to enable the student to meet with the appropriate school official to explain the circumstances surrounding the event for which the student is being suspended or to show why the student should not be suspended. The following due process requirements must be followed in regard to the informal hearing:

- (1) The informal hearing is held to bring forth all relevant information regarding the event for which the student may be suspended and for students, their parents or guardians and school officials to discuss ways by which future offenses might be avoided.
- (2) The following due process requirements shall be observed in regard to the informal hearing:
 - (i) Notification of the reasons for the suspension shall be given in writing to the parents or guardians and to the student.
 - (ii) Sufficient notice of the time and place of the informal hearing shall be given.
 - (iii) A student has the right to question any witnesses present at the hearing.
 - (iv) A student has the right to speak and produce witnesses on his own behalf.
 - (v) The school entity shall offer to hold the informal hearing within the first 5 days of the suspension.

22 Pa. Code §12.8 (c)

An intake should not be held at the AEDY program until the informal hearing has been completed.

An informal hearing was held on the following date and time. Participation in the informal hearing does not constitute agreement or consent. If notification of the informal hearing was made in writing, attach a copy hereto.

Informal Hearing Scheduled:

Date

Time

Parent Contacted to attend:

Date

Time

Hearing held at the same time of notification as per parent/guardian request

Location of Informal Hearing:

- LEA
- Student's Residence
- Via Telephone
- Other: _____

Result of the informal hearing:

- The student will be placed in the _____ AEDY program.
- The student will remain in his/her home school.
- Other: _____

**School District, Charter School
Principal Signature** (mandatory)

Principal Printed Name (mandatory)

Parent Signature (mandatory)

Parent Printed Name (mandatory)

Student Signature (mandatory)

Student Printed Name (mandatory)

Other Signature (if applicable)

Other Printed Name (if applicable)

Other Signature (if applicable)

Other Printed Name (if applicable)

Requirement for placing a Special Education Student in an AEDY program:

(Please note: AEDY is not an Emotional Support Program)

Students with disabilities may not be enrolled in the AEDY program unless all special education procedural requirements have been met by the placing LEA, and all required documents have been submitted to the AEDY program prior to the student's placement.

Students with disabilities are referred to an AEDY program by an IEP team decision, or unilaterally removed for weapon and drug violations, and/or inflicting serious bodily injury as mandated by Chapters 14 and 711 and Individuals with Disabilities Education Act (IDEA). The IEP Team reconvenes to discuss the student's special education and related services, including educational placement, annual goals, program modifications, specially designed instruction, and positive behavior supports. The IEP meeting is conducted and must include a special education teacher, regular education teacher, the LEA, the parents, the student (if age 14 or older) and a representative from the AEDY program. The IEP team discusses the reason(s) they are seeking a change in placement to an AEDY program. If the student with a disability meets one or more of the criteria for AEDY and the IEP Team has determined the AEDY program will enable the student with a disability to participate in the general education curriculum and make progress toward the goals of the student's IEP then the LEA will issue a Notice of Recommended Educational Placement/PWN (NOREP/Prior Written Notice) prior to change in placement for disciplinary reasons. The district sends the student's educational records with updated special education/academic records to the AEDY program. The LEA responsible for the student's provision of a free appropriate public education (FAPE) will be responsible for the implementation of the IEP and take the steps necessary to keep the student's IEP, RR, and other special education documents up to date.

MANIFESTATION DETERMINATION

The LEA, parent and relevant members of the IEP team (as determined by the parent and LEA) must review all relevant information in the student's file, including the child's IEP, any teach observations, and any relevant information provided by the parents to determine if the conduct in question was caused by, or had a direct and substantial relationship to, the child's disability; or if the conduct in question was the direct result of the LEA's failure to implement the IEP.

A Manifestation Determination must be conducted for a student with disabilities when the LEA is proposing to remove a student with a disability from their current placement for disciplinary reasons and for potential placement in an AEDY program. If the behavior that resulted in the change of placement is determined to be a manifestation of a child's disability, the IEP team must conduct or review a Functional Behavioral Assessment (FBA), modify and implement a behavior intervention plan, and return the student to previous placement unless the parent and LEA agree to change placement as part of the modification to the behavior intervention plan.

Exception: In special circumstances under 34 CFR Sec. 300.530(g) specific to drugs, weapons and serious bodily injury, school personnel may unilaterally remove a student to an interim alternative education placement for not more than 45 school days without regard to whether the behavior is determined to be a manifestation of the student's disability.

Special Education Documents to be reviewed and attached:

- ER/RR (if applicable)
- IEP Team Invitation
- IEP/Revised IEP
- Manifestation Determination (if applicable)
- NOREP
- FBA (if applicable)
- PBSP/Revised PBSP (if applicable)

Special Education Supervisor (mandatory signature) or Superintendent's Designee

Date

ADMINISTRATOR CHECKLIST/VERIFICATION

Administrator – Review the checklist below and confirm each item has been completed and attached to this referral form prior to submitting to the AEDY program for placement. Your signature is verification of the completed referral form, steps needed prior to placement, and attachments.

- | | |
|--|--|
| <input type="checkbox"/> Discipline records (all infractions dealing with this referral) | <input type="checkbox"/> Health record |
| <input type="checkbox"/> Most recent report card/transcript | <input type="checkbox"/> Informal hearing verification with all signatures (pages 3-4) |
| <input type="checkbox"/> Student academic schedule | <input type="checkbox"/> Special education student requirements (pages 4-5) |
| <input type="checkbox"/> Completed academic file (including the PSSA/Keystone scores) | <input type="checkbox"/> Special education documents (page 5) |
| <input type="checkbox"/> Completed interventions with school counselor signature | <input type="checkbox"/> Completed 504 Plan (if applicable) |
| <input type="checkbox"/> Completed TEP for habitually truant students (if applicable) | <input type="checkbox"/> Psychological evaluation (if applicable) |
| <input type="checkbox"/> Attendance record | <input type="checkbox"/> Other relevant reports |

The following information must be completed:

Administrator Printed Name

Administrator Signature

Administrator Title

Date

