

Date completed _____

Date Received _____

Berrien Regional Education Service Agency
Blossomland Learning Center

Consideration for Student Placement

Student Name: _____ Birth date: _____ Sex: _____

Address: _____

Phone: Home: _____ Cell: _____ Work: _____

Parent/Guardian: _____

School District: _____ Building: _____ Grade: _____

I. Present Special Education Eligibility:

MOCI SCI SXI ASD OHI ECDD Other _____

II. Current Special Education Placement:

Self-Contained Room Resource Room Regular/Special Education

Ancillary Services: Speech OT PT VI O&M Audiology Social Work
 Other _____

How long has the student received special education services? _____

Amount of time spent in special education per week? _____

F.T.E. : _____ _____
 (General) (Special Education)

III. Agency Involvement: (Check appropriate agencies)

CMH/Riverwood Protective Services Michigan Rehabilitation Services
 Health Department Other _____

IV. Attendance: Total days absent current year _____
 Due to Suspension _____
 Health Reasons _____
 Truancy _____

V. Behavior:

Functional Behavior Analysis: Please attach copy.

Date of Behavior Plan: _____ Please attach copy.

VI. Last Psychological: _____ Please attach copy.

VII. Last IEP: _____ Please attach copy.

List academic/functional areas of interest and/or strength:

1.

2.

Vocational interest area (if applicable): _____

Medical Information: _____

Have the following persons had input into the request for services/possible change of status?
Please check all involved in initiating referral:

- | | |
|--|---|
| <input type="checkbox"/> Special Education Teacher | <input type="checkbox"/> Teacher Consultant |
| <input type="checkbox"/> School Social Worker | <input type="checkbox"/> Principal |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Parent |
| <input type="checkbox"/> School Psychologist | |

Parents informed of possible change of status? Yes No

Other relevant comments: _____

VIII. Signatures:

Special Education Teacher: _____ Date: _____

Referring Person: _____ Date: _____

Special Education Coordinator: _____ Date: _____

- Attach:
- Psychological Report
 - Social Worker Report
 - Ancillary Reports (If applicable)
 - MET Form
 - Current IEP and Previous IEP(s)
 - Current Functional Behavior Analysis (If applicable)
 - Current Behavior Plan (If applicable)