

Waseca County Off-Campus

REFERRAL INFORMATION FORM

Waseca County Off-Campus (WCOC) requires that all students meet the eligibility requirements for the WCOC program. The requirements for WCOC are as follows: 1) **Waseca County resident and/or a Waseca County School District resident**, 2) **the student is in grades 7-12**, 3) **the student has been diagnosed with Severe Emotional Disturbance (SED) by a mental health professional**, 4) **the student is in Special Education** and 5) there are two or more incidents of violent behavior in the past six months – violent behavior defined as physical assault against another person, property destruction, verbal threats, or sexual assault.

REFERRAL CONTACT:

Referred by: _____ Relationship to Youth: _____

Phone #: _____ Email: _____

Address: _____

Administrator Signature: _____**STUDENT INFORMATION:**

Student Being Referred: _____ DOB: _____

Address: _____ Phone: _____

Social Security: _____ Sex: Male Female

County of Residence: _____

Current School Attending: _____ Grade: _____

MARSS: _____

DSM Diagnosis: _____

Mental Health Provider: _____

Medications: _____

Current living situation (parents, foster parents, etc.):

Student is living with: _____

Name (s): _____

Address: _____

Contact Numbers: _____

If student is not living with biological parents:

Bio/Step Father's Name: _____ Custody: Physical Legal Non

Bio/Step Mother's Name: _____ Custody: Physical Legal Non

Probation/Court Involvement:

Is this student currently on probation? _____ Yes _____ No

If yes, who is the student's probation officer: _____

Contact information: _____

Why is the student on probation? _____

Describe the conditions of probation:

Mental Health Case Management:

Is this student receiving case management services from Children's Mental Health? _____ Yes _____ No

If yes, who is the student's case manager? _____

Contact information: _____

If not, is the student receiving case management services from another source? _____ Yes _____ No

If yes, name of case manager: _____

Location of services and contact information: _____

Educational Information:

Primary Disability: _____ Secondary Disability: _____ IQ: _____ Current Level of Service: _____

Case Manager: _____ Contact Info: _____

Describe the services currently provided to the student within the educational setting:

Reason for Referral to WCOC:

Please identify at least two episodes of aggressive and/or problem behaviors as previously defined. This behavior could have been exhibited in any of the following settings: school, community, or family. *Please provide a brief description of the episodes - include additional documentation if available (suspensions, incident reports, police reports).*

Incident #1:

Incident #2:

Behavioral Information cont.:

Further describe the behaviors exhibited by the student:

Describe the antecedents for each behavior/incident:

Describe the consequences for each behavior/incident:

Identify any additional contexts under which the behaviors have occurred:

Describe what is believed to be the functions of said behaviors:

Identify any interventions that have been implemented and the outcome of each:

Please indicate the level of disruption caused by the student's behavior and the setting at which that level was experienced (you may indicate more than one level of disruption and/or setting):

_____ Disruption confined to the student; setting: school/home/community

_____ Others in the immediate area of the student are affected by behavior; setting: school/home/community

_____ Everyone in the room/classroom is affected by the behavior; setting: school/home/community

_____ Other areas away from the room, such as other classrooms, common areas in a school or other parts of the house are disrupted by the behavior; setting: school/home/community

_____ There has been a threat of personal injury to others or injury has occurred; setting: school/home/community

Information required for referral of student to be considered by the WCOC referral team:

- Completed referral form
- Copy of current IEP

- Copy of most recent Special Education Assessment
- Copy of the most recent DSM (must have been completed within the last year)
- Student transcripts and current record of academic performance
- Student attendance record
- Student immunization record
- Parent/Guardian Signature for release of information (see below)
- If applicable to the student:
 - Copy of the Crisis Intervention Plan
 - Copy of the Positive Behavioral Interventions (from SpEd forms)
 - Copy of any county agreements (i.e. – probation, mental health)

PARENT/GUARDIAN SIGNATURE:

Student/Child Name: _____

Parent/Guardian Name(s): _____

I understand this form is an initial request for WCOC services and does not guarantee my child will be accepted into the WCOC program. A referral committee will review this information to determine if my child will benefit from the program based on the WCOC mission and my child’s indicated needs. I give my permission for information to be shared with the WCOC for the purposes of determining eligibility for the WCOC program from my child’s home school, current school of attendance, and any other agency that is involved in my child’s life.

Parent/Guardian Signature

Date

Send completed form and additional documents to:

WCOC
Attn: Cara McDonough
501 Elm Ave East
Waseca MN 56093

Fax: 507-835-0913
E-mail: mcdc@waseca.k12.mn.us

Please feel free to call regarding any questions:

(507) 837-5473/ (507) 461-0868