



## **Multiple Disabilities Program Referral Packet**

### **Packet Components**

- ☐ Information Sheet
- ☐ Parent/Guardian Notification of Program Referral
- ☐ Current Program Summary
- ☐ Review of Existing Data
- ☐ Consent for Exchange of Information



## Information Sheet

Student Name: _____	Date of Birth: _____ _____
District of Residence: _____	Current School/Program: _____
Current Grade: _____	Date of Referral: _____
Referring Case Manager: _____	Position/Title: _____

### Eligibility Category:

- ☐ Autism
- ☐ Multiple Disabilities
- ☐ Emotional Disturbance
- ☐ Intellectual Disability
- ☐ Orthopedic Impairment
- ☐ Other Health Impairment
- ☐ Speech/Language Impairment
- ☐ Other: \_\_\_\_\_
- ☐

**Current Services:**

- ☐ Intervention Specialist
- ☐ Inclusion
- ☐ Self-Contained Classroom
- ☐ Adaptive Physical Education

**Related Services:**

- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Speech & Language Therapy
- ☐ Aide
- ☐ Other \_\_\_\_\_

**Reason for Referral:**

Describe specific needs or challenges that cannot be met in the current district program.

---

---

---

---

---

---

---

**Summary of Efforts Made by District:**

Include interventions, supports, or placements already attempted.

---

---

---

---

---

---

---

\_\_\_\_\_

Referring Administrator Name:

\_\_\_\_\_

Referring Administrator Signature:

\_\_\_\_\_

Date: \_\_\_\_\_



## **Parent/Guardian Notification of Program Referral**

Date: \_\_\_\_\_

Dear \_\_\_\_\_,

This letter is to inform you that (name of district) is recommending that your child, \_\_\_\_\_, be referred for consideration in a specialized program operated by the North Point Educational Services Center.

Your child currently receives special education services under IDEA. The IEP team believes your child may benefit from a more intensive setting to address unique needs. You will be invited to a team meeting with both district and ESC representatives.

If you have any questions, please contact  
\_\_\_\_\_.

Sincerely,  
(Name), (Title)  
(School/District)



### **Current Program Summary / Intervention Documentation**

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Case Manager: \_\_\_\_\_

- ☐ Area of Need
- ☐ Current Services/Supports
- ☐ Data/Progress
- ☐ Notes

Summary of Efforts and Outcomes:

---

---

---

---

---

---

---

# NORTH POINT

## Educational Service Center

### Review of Existing Data

Date: \_\_\_\_\_ Student: \_\_\_\_\_

Participants: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sources Reviewed:

- ☐ IEP
- ☐ BIP
- ☐ ETR
- ☐ Assessments
- ☐ Attendance
- ☐ Service Reports
- ☐ Health Info

Summary of Findings:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recommendation:**

- ☐ Referral to ESC Program
- ☐ Continue Current Program
- ☐ Other \_\_\_\_\_

North Point Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### **Consent for Exchange of Information**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize the exchange of educational and related information between  
\_\_\_\_\_ and North Point Educational Service Center for referral and  
planning.

- ☐ I give consent
- ☐ I do not give consent

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_