Special Education Local Plan Area

Trina Frazier, Chief Student Services Officer

INTERVENTION SUPPORT REFERRAL

Please email to PPS at: interventionsupport@fcoe.org

Please check the box with the intervention support you are seeking:

☐ **BIT** (Behavior Intervention Team) ☐ **ERMHS** (Educationally Related Mental Health Services) ☐ **Autism Consultation**

Please Submit the Following:
- ☐ **Current IFSP or IEP (if applicable)**
- ☐ **Current Assessment Reports**
- ☐ **Behavior Intervention Plan, including FBA (if applicable)**

Date: _____

Child's Name: _____ DOB: _____ Age: _____ Gender: _____

District of Residence: _____ School of Attendance: _____ Grade: _____

Parents/Legal Guardian: _____ Address: _____

Foster Parent/LCI (if applicable): _____ Address: _____

Primary Language of Parents: _____ Primary Language of Child: _____

Home Phone: _____ Work/Cell Phone: _____

Referral Contact Person: _____ Title: _____

Phone: _____ Email Address: _____

Special Education Teacher/Case Mgr: _____ Room #: _____ Phone: _____

General Education Teacher: _____ Room #: _____ Phone: _____

Email Address: _____

School Psychologist: _____ Phone: _____

Email Address: _____

Daycare or Preschool (If applicable): _____ Toilet Trained: ☐ Yes ☐ No

Please provide rationale for referral:

Check applicable areas of concern:

Academic
- ☐ Gives up easily
- ☐ Work completion
- ☐ Motor coordination below peers
- ☐ Fine motor skills
- ☐ Math skills
- ☐ Writing skills
- ☐ Reading skills
- ☐ Other: _____

Behavioral
- ☐ Inappropriate language
- ☐ Argumentative/Defiant
- ☐ Attention seeking
- ☐ Eloping/Leaves without permission
- ☐ Destruction of property
- ☐ Hyperactive/Impulsive
- ☐ Disruptive
- ☐ Absences or Tardies
- ☐ Lying/Cheating
- ☐ Physical aggression
- ☐ Non-compliance
- ☐ Stereotypical behaviors

Social/Emotional
- ☐ Bladder or bowel accidents
- ☐ Defensive
- ☐ Lethargic
- ☐ Excessive crying
- ☐ Irritable
- ☐ Peer interactions
- ☐ Adult interactions
- ☐ Difficulties interpreting social cues
- ☐ Withdrawn
- ☐ Isolated from peers
- ☐ Excessive giggling
- ☐ Paranoid (feels picked on, watched, etc.)

Communication
- ☐ Non-verbal
- ☐ Some words
- ☐ Use phrases (3-5 words)
- ☐ Verbally fluent
- ☐ Functional communication
- ☐ Scripted language/Echolalia
- ☐ Communicative intent

Family/Environmental
- ☐ CPS involvement
- ☐ Emotional or physical abuse
- ☐ History or recent removal from home
- ☐ Other siblings exhibit problems Family difficulties (financial, health)
- ☐ Substance abuse by parents
- ☐ Suffered recent loss
- ☐ Prenatal exposure to alcohol or drugs

Infant-36 Months:

Eligibility Category:	☐ Developmental Delay	☐ Established Risk	☐ High Risk
Other:	☐ Failed M-CHAT	☐ Diagnosis of Autism	☐ Parent Concern

Age 3-22:

Special Education Eligibility: _____ _____

Please describe previous interventions, including school based counseling, behavior supports, psychological, or guidance services provided to address student's needs (indicating provider, type of services, frequency, and duration):

Other Agencies Involved:

☐ ABA Provider/Home Program	☐ CVRC	☐ CCS
☐ Department of Social Services	☐ Early Head Start	☐ EPU
☐ Department of Behavioral Health	☐ Foster Placement	☐ Public Health
☐ Turning Point	☐ Other: _____	

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PARENT CONSENT FOR INTERVENTION SUPPORT OBSERVATION & CONSULTATION

To the Parent(s)/Guardian(s) of:

Student:_____ DOB: _____

Address:_____ Home Phone: _____

School:_____ District: _____

While counseling and behavioral strategies are available by school district staff, additional support may be required to meet your child's educational needs. Therefore, we are requesting your permission to refer your child to the Fresno County Superintendent of Schools (FCSS) Intervention Support team for observation and consultation to obtain information to assist the IEP team in developing an appropriate educational program for your child.

☐ I give permission for this referral for FCSS Intervention Support team observation and consultation. The team may observe my child in his/her educational setting and/or other environments, consult with staff, as deemed necessary to assist in IEP team development. This may also include interviewing the student, interviewing staff, reviewing records, collecting baseline data and the like.

☐ I **do not** give my permission for the referral.

_____ _____

Parent Signature Date

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