



# FRESNO COUNTY SELPA SPECIAL EDUCATION LOCAL PLAN AREA

Trina Frazier, Assistant Superintendent

## INTERVENTION SUPPORT REFERRAL: AUTISM

Please email to: [interventionsupport@fcoe.org](mailto:interventionsupport@fcoe.org)

**Please Submit the Following:**

Current IFSP or IEP

Signed Assessment Plan (if assessment in process)

*\*Please do not put "Autism Specialist" on Assessment Plan; person responsible is the school psychologist*

Current Assessment Reports

Behavior Intervention Plan, including FBA (if applicable)

**Please describe the support you are seeking, and description of student concerns:**

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: \_\_\_\_\_

Phone: \_\_\_\_\_

Best Day(s) and/or Times to Schedule Observation: \_\_\_\_\_

Referral Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Special Ed. Teacher/Case Mgr.: \_\_\_\_\_ Room #: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

General Ed. Teacher: \_\_\_\_\_ Room #: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School Psychologist: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**District/LEA referral authorization**

Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Email: \_\_\_\_\_

**Infant-36 Months:**

Eligibility Category:     Developmental Delay     Established Risk     High Risk  
Other:     Failed M-CHAT     Medical 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/Services Involved:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> ABA Provider/Home Program           | <input type="checkbox"/> All 4 Youth                     | <input type="checkbox"/> CCS                           |
| <input type="checkbox"/> CVRC                                | <input type="checkbox"/> Department of Behavioral Health | <input type="checkbox"/> Department of Social Services |
| <input type="checkbox"/> Early Head Start                    | <input type="checkbox"/> EPU                             | <input type="checkbox"/> Foster Placement              |
| <input type="checkbox"/> Help Me Grow                        | <input type="checkbox"/> Public Health                   | <input type="checkbox"/> Turning Point                 |
| <input type="checkbox"/> Other Mental Health Services: _____ |  |  |



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## PARENT CONSENT FOR INTERVENTION SUPPORT OBSERVATION & CONSULTATION

Attached with Referral

Following County Operated Referral

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 Fresno County SELPA 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 Fresno County SELPA 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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