



---

## **PROCEDURES FOR REFERRALS**

**EXECUTIVE PURPOSE AND SUMMARY:** To establish a standard procedure in regard to receiving and processing referrals for EDUCATIONAL SERVICES to streamline communication and serve our member districts promptly.

\*\*\*Please complete referral and forward via email to District Services or fax to (708)481-5713\*\*\*

- **SPEED Educational Services & Program Referral**
  - Educational Services & Program Referral can be found on the SPEED website under:
    - Schools and Programs
      - Early Learning Center
      - Program for Adaptive Learning (PAL) School
      - Independence School
      - The Academy for Lifelong Learning School
  - Member districts complete the referral request accordingly and submit to District Services for processing
  - Processing Referral
    - District Services timestamps and records the referral in the Z: drive under the "Referrals" folder
    - District Services forwards the completed referral to the Program Supervisor
    - Program Supervisor forwards the referral to the appropriate case manager/s
    - Case Manager shares completed Referral with Principals and IEP Team
    - Case Manager proceeds with contacting District Representative to coordinate an intake meeting
    - In addition to the IEP team, the Program Supervisor attends all Intake Meetings unless there is a scheduling conflict



**EDUCATIONAL SERVICES & PROGRAM REFERRAL**

\*\*\*Please complete referral and forward via email to District Services or fax to (708)481-5713\*\*\*

<b>Date of Referral:</b>	<b>District:</b>	<b>Student's School:</b>	<b>Grade:</b>
<b>Principal:</b>		<b>Was Principal Notified of Request:</b>	
		<b>Yes</b>	<b>No</b>
<b>Referral Person:</b>		<b>Position:</b>	<b>Phone:</b>
Student's Name: _____ <div style="display: flex; justify-content: space-between;"> <span>Last</span> <span>First</span> </div> Address: _____ City: _____ Zip: _____ Birth date: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F Date of Initial Consent for Placement: _____ Date of Initial Eligibility: _____ Date of Last IEP Meeting: _____ Date of Last Eligibility Meeting: _____ Primary Language: _____ Primary Mode of Communication: _____ Primary Disability: _____ Student SIS #: _____ Student Soc Sec #: _____ Medicaid #: _____ Parent/Legal Guardian: _____ Phone: _____ Foster Parent: _____ Phone: _____ DCFS Caseworker: _____ Phone: _____ Referring Person's Signature _____ Date _____ LEA Representative _____ Date _____		<p style="text-align:center;"><b><u>EDUCATIONAL SERVICES</u></b></p> <input type="checkbox"/> Vision Itinerant <input type="checkbox"/> Deaf & Hard of Hearing Itinerant <input type="checkbox"/> Functional Vision Assessment <input type="checkbox"/> Assistive Technology Consult <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Technical Assistance Individual Student Consult              Classroom Consult Programmatic Consult                  Behavior Interventions Other _____	
		Contact Person: _____ _____	
		<p style="text-align:center;"><b><u>EDUCATIONAL PROGRAMS</u></b></p> <input type="checkbox"/> Early Learning Center (ELC) <input type="checkbox"/> Program for Adaptive Learning (PAL) <input type="checkbox"/> Independence Elementary School (IES) <input type="checkbox"/> Independence High School (IHS) <input type="checkbox"/> Academy for Lifelong Learning (ALL) (Transition Program) <input type="checkbox"/> Deaf & Hard of Hearing High School Instructional Program <input type="checkbox"/> CIBS (Crisis Intervention Behavior Stabilization) Program K-12+	
		Include in the Referral Packet: 1. Current Case Study w/ domain reports 2. Current IEP 3. Functional Behavior Analysis & Behavior Intervention Plan 4. H.S. Transcripts (if applicable) 5. Discipline Records (include # of days suspended, if applicable) 6. Medical / Health Records 7. Transportation needs (i.e. safety vest, monitor, preferential seating)	

Reason for Referral/ Comments:

For SPEED office use only: