

Northern Lights Academy Cooperative #6096-52
 302 14th Street ~ Cloquet MN 55820
 Office Phone ~ 218-878-3060
 Fax ~ 218-878-3061

Barb Mackey, Asst. Special Education Director
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Referral Packet Cover Sheet and Checklist of Forms

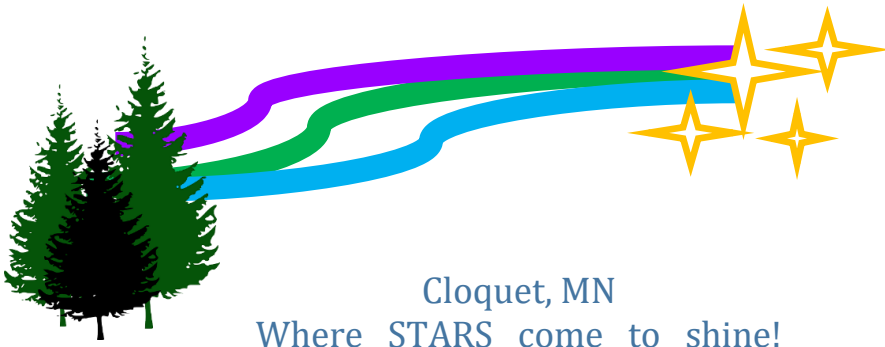
Student Name	
Date Packet Sent to NLA	
Person Submitting Referral	

Checklist of Necessary Documents (Must be included with this referral.)

Check if Included	Document	Date Received by NLA Staff
	Cover Sheet and CHecklist of Documents	
	Referral Form	
	Most Recent Report Card	
	Min. 8 weeks of behavior data from point sheets or other objective data collection methods	
	Discipline reports (2 years)	
	Attendance Reports (3 years)	
	Immunization/Health Record	

The NLA office will access Sped Forms to print off necessary due process paperwork.
 Please document date for each of the current, completed due process forms listed below.

Due Process Compliance Form	Date of Current and Completed Document
Sped Evaluation (must include an FBA)	
IEP	
IEP Amendment date (if it is an amended IEP)	
Prior Written Notice	
Positive Behavior Support Plan	
Progress Report	
Restrictive Procedures (include all dates of restrictive procedures forms for the last 2 years)	



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Northern Lights Academy Referral Form

Student Name:	Grade:	Date of Birth:
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Referring District:	Resident District:
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Parent/Guardian Contact Information

Parent/Guardian Name(s):		
Address:		
City:	State:	Zip Code:
Home phone:		Cell phone:
If student does not live with biological parents, please explain the guardian's relationship to the student. (Is the student currently in foster care? Have parent rights been terminated? Is the student a ward of the state? If yes, please explain below.)		

Reason for NLA setting IV referral:

Strengths of the Student:

Mental Health/Medical Information

Has the student ever had a diagnostic assessment completed? If so, please provide the date and source so records can be requested.

Does the student have a medical diagnosis(es)?

Is the student on medication? Is medication administered during school hours (medication, dosage, reason, when given) ?

Does the student have other health concerns? If so, please indicate concern and limitations.

Is the student receiving outside services (mental health worker, social worker, etc.)? Please provide names and contact information, so the NLA team can obtain signed releases of information with these providers.

Academic Data

Is this student academically “on Grade Level”? If not, about what grade is this student performing at? What curriculum is the district using for core academics?

Most Recent MCA Scores: Math _____ Reading _____

Most Recent District Assessment Scores: _____

Behavioral Data and Information

What are the current behavioral concerns and process that lead the team to make the setting IV referral?

What documented behavioral interventions have been implemented?

Please provide at least 3 specific interventions/strategies that have been tried in the student’s current educational setting in the past year and why those interventions/strategies were not successful.

Specific Intervention/Strategy	Reasons it was not successful

Are there certain behavioral triggers that the team should be aware of? Are you using any type of motivational incentive program (i.e. Boy’s Town) with this student? Are there consequences (positive and negative) that have been utilized that are effective with this student?

Is there other information you feel would be helpful for NLA staff to be aware of?
