

## **Pioneer Center Intake Procedures 2022-2023**

**Pioneer Center Intake Chair:** Tina Browder

**Committee Members:** Kim Suwannasing, Kelli Anderson, Lisa Adams, Lindsay Kemper, Ashly Dawson

### **I. Referral Process**

- A. School District sends IEP, ETR, Progress Reports, a signed Release of Information, and “letter of intent”.
  - 1. Letter of Intent may simply be an email indicating intent of referral.
  - 2. If not initially sent to Intake Chair, then the receiving party forwards to Intake Chair.
  - 3. If the referral is sent directly to Intake Chair, the Intake Chair begins Intake Process (see below).
- B. If the referral is made by someone other than the District Liaison, the receiving party of the referral redirects them to the District to make the official referral.

### **II. Intake Process**

- A. Intake Chair gathers the referral documents, starts the Intake Records Review Form, and provides access to the IEP, ETR, Progress Reports, and any other documents to members of Intake Committee. The committee will review and gather any information onto the Intake Records Review Form.
- B. Intake Committee meets first and third Thursday at 1:00pm (unless there are no active referrals).
- C. Intake Committee meets to discuss and review submitted documentation from the district, make recommendations for next steps and appropriateness for placement.
  - 1. Next steps should include:
    - a. An observation of the student and teacher interview by 1-2 Intake Committee members.
    - b. Request more information from district (i.e., student’s interests, skills, therapy plans), family and/or county board.
    - c. Contact Support and Services Administrator (SSA) (if applicable)
  - 2. Next steps may include:
    - a. schedule another observation of the student by potential teacher and/or other support staff.

b. schedule a meeting with family including a tour

- D. Intake Chair follows up with next steps as agreed upon in Intake Committee meeting if more information is needed.
- E. Intake Committee meets again to review additional information obtained.
- F. After all referral information is reviewed, Committee agrees upon final decision, and signs Pioneer Center Intake Records Review Form.
  - 1. If student is to be enrolled, the Intake Committee discusses classroom assignment, potential start date, AND gives New Student Packet to family
  - 2. If the referral involves multiple districts, then both districts need to be contacted for verification.
- G. Director of Education notifies appropriate parties (district, family, etc.) of final decision and provides timeline for placement meeting and enrollment.

### **III. Enrollment Process**

- A. Intake Committee will provide ETR, IEP, and Progress Reports to assigned teacher and therapists .
- B. Transition Coordinator schedules multi-agency planning (MAP) Placement meeting and invites family, District Liaison, Pioneer team (Teacher, Director, Therapists, Transition Specialist), Support and Service Administrator (SSA), and any other team members (Children's Services, Guardian, Behavior Specialist).
  - 1. During the MAP Placement Meeting the team may discuss:
    - a. any steps or planning that need to occur prior to the student's first day of attendance such as transportation and feeding plans.
    - b. Family completes New Student Packet in Final Forms through the Pioneer Center.
      - 1.This includes ALL medical forms, transportation, and emergency medical card.
      - 2.This includes a parent permission to assess any student who is not currently receiving OT/PT/SLP or vision services, (if visually impaired).
      - 3.The start date is contingent on having all forms completed and submitted to the Pioneer Center.

## PIONEER CENTER INTAKE FORM

Student Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Date of referral: \_\_\_\_\_

Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

School District: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Special Ed Category: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**REASON FOR REFERRAL** (*highlight or check all that apply*):

**Instructional Concerns**

- 1:1 instruction in most settings
- Additional support at meal time
- Additional support during toileting
- Communication skills
- Cognitive learning strategies
- Fine/Gross motor support
- Significant medical needs and equipment
- Functional-based curriculum
- Other (please specify): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_
- No instructional concerns noted

**Behavioral Concerns**

- Attention and concentration
- Non-compliance with teacher directives
- Aggression
- Difficulties with transitions
- Easily frustrated
- Extreme mood swings
- Social/peer interaction skills
- Adaptive behavior skills
- Other (please specify): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_
- No behavioral concerns noted

**Review of Physical / Mental Health Records**

*(describe any physical concerns currently impacting the student. List student's medical/mental health diagnoses, if the student is currently taking any medication at school and/or at home, is the student currently using any adaptive devices, does the student have a feeding tube, does the student wear glasses, does the student wear hearing aids, does the student use a wheelchair, seizure plan, breathing treatments, etc.):*

**Previous / Current Interventions** *(describe any current or past supplemental programs/services or interventions provided to the child, such as, early intervention services, preschool, individualized interventions, behavior intervention plan, communication device or methods, external therapy services received and etc. Describe scientific research-based interventions implemented and the results.):*

**Educational History** *(describe the student's educational history, including appropriate instruction in reading and math and the student's response, school attendance/absences, whether the student has ever repeated a grade, the student's English proficiency level and how it was determined, current performance levels in academic and/or functional areas (primarily those areas of concern), any home/environmental factors that might affect the student's performance in school, include any rationale for the omission of therapy supports- OT, PT, SLP or vision, etc.)*

**Transition History** *(describe any community work experiences, in-school work experiences, current community involvement, future residential plans, etc.):*

# Interventions Summary Checklist

The summary of interventions provided in all areas of concern, including related services, must include:

## 1. A description of the research-based interventions used

Describe in detail the actual intervention you chose:

- *What is the name of the intervention?*
- *What was the child doing?*
- *What was the teacher doing?*
- *How was the intervention delivered (setting, conditions)?*
- *How was the data collected and documented?*

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## 2. How long the intervention was provided

Describe the length of time that was determined by the protocol or team:

- Indicate the number of weeks or months
- Example: "The intervention(s) started on October 2, 20XX and continued for the prescribed \_\_\_\_ (weeks/months), as determined in the intervention protocol or by the team."

## 3. The intensity of the intervention

Describe how often the child received the intervention:

- *How many minutes per day?*
- *How many minutes per week?*

Example: "The \_\_\_\_\_ intervention was provided three times a week for twenty minutes per session."

## 4. A description of the results compared to the baseline data

Example: "(Student name)'s baseline performance was (data) and by the end of the intervention period, (Student name) performed at (present level data), which is (above/below) grade-level expectations. A same-age peer would be expected to perform at (level)."

## 5. The decision that was made as a result of the intervention(s) with consideration of the following:

- *Anticipated growth from baseline*
- *Fidelity of implementation*

Examples:

"The intervention was continued for \_\_\_\_ weeks and in the judgement of the team the student...

...did not make sufficient progress (anticipated growth from baseline) and was referred for an initial evaluation on (date).

...did not make sufficient progress and may require additional services through the Individualized Education Program (IEP).

...did make sufficient progress and will continue to receive the interventions described."

## CLASSROOM OBSERVATION GUIDE SHEET

What to Ask	Response	Observation Notes
<b>Student Profile:</b>		
Ask generally about the social, academic, attendance and management needs of the student		
Ask generally about the IEP (i.e., date of most recent IEP) and any upcoming evaluations. What are the related services?		
Are the parent(s) aware of referral concerns and a possible placement change? Have they toured the Pioneer Center?		
Is the student receiving services from RCBDD? Who is his/her Service Coordinator?		
<b>Vocational/Extracurricular/Interests:</b>		
Please describe past and present vocational experiences		

<p>What extracurricular opportunities (sports, clubs, and community service) does this student have?</p>		
<p><b>Support Needs:</b></p>		
<p>What kind of support does the student require during meal times?</p>		
<p>What kind of supports does the student require during toileting/grooming?</p>		
<p>What is the student/adult ratio in the classroom? Does the student require 1:1 support?</p>		
<p>Describe the instructional methods and materials used for this student</p> <p><b>Support Needs:</b></p>		
<p>Does the student need behavior supports? What are the techniques/plan being used by the teachers and staff?</p>		

What are the student's current medical needs? List all medications and specify those administered during school hours.		
Does the student need arranged specialized transportation or modified equipment (i.e., harness, seatbelt) to be transported safely?		
Please list current Assistive Technology needs for the student		
Please list current adaptive equipment used by the student		
<b>Future Planning Needs:</b>		
Are there any other team members working with the student in/outside of the school that should be included?		
Who, from the student's current team will be able to participate in a planning meeting at the Pioneer Center?		