

LIVINGSTON COUNTY ACADEMY / CROSSROADS  
STUDENT PLACEMENT RECOMMENDATION PROCEDURE

- I. Ensure that all local school district resources have been exhausted.
- II. Include Parents, LCSSU Social Worker, LCSSU Psychologist, and LCSSU Program Supervisor in problem-solving meetings to discuss ongoing behavioral issues.
- III. Complete/develop FBA (Functional Behavior Analysis) and BIP (Behavior Intervention Plan).
- IV. Provide evidence that the BIP has been implemented with integrity.
- V. Provide evidence of the impact of the BIP on behavior.
- VI. Include Academy/Crossroads Principal, as needed.
- VII. Complete "Academy/Crossroads Student Referral Form"
- VIII. Complete "Narrative of Reasons for Change of Placement Request"
- IX. Contact assigned LCSSU Program Supervisor
- X. LCSSU Program Supervisor will then contact Academy/Crossroads Principal
- XI. Schedule IEP meeting with Parent, Home School Teacher, Home School Administrator, LCSSU Social Worker, LCSSU Psychologist, LCSSU Program Supervisor, and Academy/Crossroads Principal

IMPORTANT NOTES:

1. *A placement staffing for Academy/Crossroads cannot be held without representation from the Academy/Crossroads program.*
2. *An IEP meeting does not guarantee automatic placement in the Academy/Crossroads School Programs.*
3. *Every effort needs to be made to educate each student in the home school.*
4. *Placement at Academy/Crossroads should be a last resort.*

## ACADEMY/CROSSROADS STUDENT REFERRAL FORM

Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Grade: \_\_\_\_\_

Referring School District: \_\_\_\_\_

Primary Disability: \_\_\_\_\_ Secondary Disability: \_\_\_\_\_

Current Educational Setting: \_\_\_\_\_

### REQUIRED DOCUMENTS

√	DOCUMENT	DATE WRITTEN	DATE REVIEWED	OTHER COMMENTS
	Current IEP			
	Behavior Intervention Plan			
	Functional Behavioral Analysis			
	Social Developmental Study			
	Medical History			
	Educational / Placement History			
	Court Records (if applicable)			
	School Records: Grades Credits Attendance History			
	Other Information			

## NARRATIVE of REASONS for CHANGE OF PLACEMENT REQUEST

*( i.e. "What interventions have been tried to warrant a more restrictive environment?"; "If a student is coming from a more restrictive setting, what successes have been realized that warrant a less restrictive setting." )*

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Signature of Building Principal

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Date

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Signature of Case Manager

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Date

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Signature of LCSSU Program Supervisor

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Date