## LIVINGSTON COUNTY ACADEMY & CROSSROADS

Therapeutic Day School

**Referral Procedures** 

2018-2019

## LIVINGSTON COUNTY ACADEMY/CROSSROADS STUDENT PLACEMENT RECOMMENDATION PROCEDURE:

Once the recommended student placement form is completed with all available information, it is presented to the school district's assigned LCSSU Supervisor. If the LCSSU supervisor is unavailable, the LCSSU psychologist or social worker assigned to that school should review the supporting documents. The local school district administration should schedule the staffing in cooperation with the LCSSU assigned supervisor.

Next the LCA/Crossroads administrator should be contacted by the LCSSU supervisor with <u>proposed</u> target dates and times for the IEP. Upon consulting with the LCA/Crossroads receiving teacher and other appropriate LCA/Crossroads staff, the LCA/Crossroad Administrator will inform the local district administration which LCSSU/LCA/Crossroads staff will attend the IEP meeting.

A placement staffing for LCA/Crossroads cannot be held without representation from the LCA/Crossroads program.

The referring district and the LCSSU assigned supervisor will then issue the appropriate invitations.

An IEP meeting does <u>not</u> guarantee automatic placement in the LCA/Crossroads School Programs. Every effort needs to be made to educate each student in the home district, if possible. The purpose of this initial meeting should be to gather educational professionals and parents to develop strategies to best educate the student. Placement at LCA or Crossroads should be a last resort, when all other locally developed plans have been unsuccessful.

## LCA/CROSSROADS RECOMMENDED PLACEMENT FORM

STUDENT NAME:			
De	OB: GRADE: R	EFERRING SCHOOL DISTRICT:	
PF	RIMARY DISABILITY:	_ SECONDARY DISABILITY:	
CURRENT EDUCATIONAL SETTING: <u>ATTACHED ITEMS AND DATES</u>			
	Current IEP		
	Social Development Study		
	Medical History	-	
	Educational/Placement History		
	Court Records (if applicable)		
	School Records (Grades & Credits)		
*	Results of Functional Behavioral Analysis		
*	Current Behavior Modification Plan		
	Other pertinent information		

Narrative of Reasons for Change of Placement Request (i.e. "What interventions have been unsuccessfully tried to warrant a more restrictive environment?" - Or - "If a student is coming from a more restrictive setting, what successes have been realized that warrant a less restrictive setting?")		
Signature of Building Principal	Date	
Signature of Case Manager	Date	
Signature of Case Manager	Date	
Signature of Program Supervisor	Date	