

Date Completed: \_\_\_\_\_  
Date Received: \_\_\_\_\_

**Lewis-Cass Intermediate School District**  
*Consideration for Student Placement at an ISD Program*

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
Address: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
School District: \_\_\_\_\_ Building: \_\_\_\_\_ Grade: \_\_\_\_\_

**I. PRESENT SPECIAL EDUCATION ELIGIBILITY:**

EI     LD     CI     OHI     Self-Contained Room     Resource Room

Teacher Consultant     Regular Education     Other \_\_\_\_\_

Ancillary Services:  Speech     OT     PT     Social Work     Other \_\_\_\_\_

Date of Implementation: \_\_\_\_\_

How long has the student received special education services? \_\_\_\_\_

Amount of time spent in: General Education per week? \_\_\_\_\_ Special Education per week? \_\_\_\_\_

**II. PREVIOUS SPECIAL EDUCATION SERVICES (CHECK ALL THAT APPLY)**

Regular Education:     Teacher Consultant  
 Resource Room:     EI     LD     CI     Other \_\_\_\_\_  
 Self-Contained room:     EI     LD     CI     Other \_\_\_\_\_

**III. AGENCY INVOLVEMENT: (CHECK APPROPRIATE AGENCIES)**

Agency

Contact Person & Phone Number

<input type="checkbox"/> Woodlands	_____
<input type="checkbox"/> Department of Human Services	_____
<input type="checkbox"/> Michigan Rehabilitation Services	_____
<input type="checkbox"/> LCISD Transition	_____
<input type="checkbox"/> Protective Services	_____
<input type="checkbox"/> Probate Court	_____
<input type="checkbox"/> Other	_____

**IV. ATTENDANCE:** Total days absent current year \_\_\_\_\_  
Due to Suspension \_\_\_\_\_  
Health Reasons \_\_\_\_\_  
Truancy \_\_\_\_\_

**V. BEHAVIOR**

Functional Behavior Analysis: Please attach copy.

Date of Behavior Plan: \_\_\_\_\_ Please attach copy.

**VI. ACADEMICS: Present Level of Performance.** (Please include a statement describing skills mastered and challenges in each subject area.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the student's interests and strengths? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has a Vocational Evaluation been completed?  Yes  No

Vocational interest area: \_\_\_\_\_

Have the following persons had input into the student's present program/IEP? Please check all involved:

- Special Education Teacher       Teacher Consultant       School Social Worker       Principal
- Counselor       Parent       School Psychologist

Staffing with LCISD School Social Worker/Psychologist regarding a referral?  Yes  No      Date: \_\_\_\_\_

Please list any relevant medical history including medications: \_\_\_\_\_

\_\_\_\_\_

Other relevant comments: (Attach separate sheet if needed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VIII. SIGNATURES:**

Special Education Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Person Requesting Consultation: \_\_\_\_\_ Date: \_\_\_\_\_

Special Education Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Other: \_\_\_\_\_ Date: \_\_\_\_\_

- Please Attach:
- Psychological Report
  - Social Worker Report
  - MET Form
  - Current IEP and Previous IEP(s)
  - Current Functional Behavior Analysis
  - Current Behavior Plan