



## **Multiple Disabilities Program Referral Packet**

### **Packet Components**

- Information Sheet
- Parent/Guardian Notification of Program Referral
- Current Program Summary
- Review of Existing Data
- Consent for Exchange of Information

The logo for North Point Educational Service Center features the words "NORTH POINT" in a large, blue, sans-serif font. The letter "O" in "NORTH" is replaced by a gold-colored compass rose with eight points. Below "NORTH POINT" is the text "Educational Service Center" in a smaller, blue, sans-serif font.

# NORTH POINT

## Educational Service Center

### Information Sheet

Student Name: _____	Date of Birth: _____
District of Residence: _____	Current School/Program: _____
Current Grade: _____	Date of Referral: _____
Referring Case Manager: _____	Position/Title: _____

#### Eligibility Category:

- Autism
- Multiple Disabilities
- Emotional Disturbance
- Intellectual Disability
- Orthopedic Impairment
- Other Health Impairment
- Speech/Language Impairment
- Other: \_\_\_\_\_

**Current Services:**

- Intervention Specialist
- Inclusion
- Self-Contained Classroom
- Adaptive Physical Education

**Related Services:**

- Occupational Therapy
- Physical Therapy
- Speech & Language Therapy
- Aide
- Other \_\_\_\_\_

**Reason for Referral:**

Describe specific needs or challenges that cannot be met in the current district program.

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**Summary of Efforts Made by District:**

Include interventions, supports, or placements already attempted.

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Referring Administrator Name:

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Referring Administrator Signature:

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

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# NORTH POINT

## Educational Service Center

### **Parent/Guardian Notification of Program Referral**

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

Dear \_\_\_\_\_,

This letter is to inform you that (name of district) is recommending that your child, \_\_\_\_\_, be referred for consideration in a specialized program operated by the North Point Educational Services Center.

Your child currently receives special education services under IDEA. The IEP team believes your child may benefit from a more intensive setting to address unique needs. You will be invited to a team meeting with both district and ESC representatives.

If you have any questions, please contact  
\_\_\_\_\_.

Sincerely,  
(Name), (Title)  
(School/District)

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## Educational Service Center

### Current Program Summary / Intervention Documentation

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Case Manager: \_\_\_\_\_

- Area of Need
- Current Services/Supports
- Data/Progress
- Notes

Summary of Efforts and Outcomes:

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## Educational Service Center

### Review of Existing Data

Date: \_\_\_\_\_ Student: \_\_\_\_\_

Participants:

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Sources Reviewed:

- IEP
- BIP
- ETR
- Assessments
- Attendance
- Service Reports
- Health Info

Summary of Findings:

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**Recommendation:**

- Referral to ESC Program
- Continue Current Program
- Other \_\_\_\_\_

North Point Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Educational Service Center

### Consent for Exchange of Information

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize the exchange of educational and related information between  
\_\_\_\_\_ and North Point Educational Service Center for referral and  
planning.

- I give consent
- I do not give consent

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_