

# LANE EDUCATION SERVICE DISTRICT

# REQUEST FOR ASSISTANCE

Please attach permission to exchange information and conduct observations.

Student \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ Sex: M F IEP: Y N

School/District \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Referring Person \_\_\_\_\_ Case Manager \_\_\_\_\_

## CHECK TYPE OF PROBLEM BEHAVIOR

Academic Deficits: ☐ Reading ☐ Math ☐ Spelling ☐ Writing ☐ Other \_\_\_\_\_  
☐ Curriculum ☐ Motor ☐ Communication

Study Skills: ☐ Assignment Completion ☐ On Task ☐ Prepared with Materials ☐ Asking for Help Appropriately  
☐ Following Directions ☐ Other \_\_\_\_\_

Social: ☐ Truancy ☐ Social Skills ☐ Self-management ☐ Withdrawal ☐ Disruption  
☐ Noncompliance ☐ Property Destruction ☐ Self-injury ☐ Aggression ☐ Substance Abuse  
☐ Other \_\_\_\_\_

## DESCRIBE THE SPECIFIC PROBLEM BEHAVIORS (use back if necessary)

## DESCRIBE THE SPECIFIC CONDITIONS UNDER WHICH THE BEHAVIORS OCCUR

Where: \_\_\_\_\_

When: \_\_\_\_\_

With Whom: \_\_\_\_\_

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

## INTERVENTIONS THAT HAVE BEEN TRIED (attach data, incident reports, etc.)

1.

2.

3.

## SIGNATURE

Principal or Designee

Date

Lane School Supervisor

Date

LANE EDUCATION SERVICE DISTRICT  
PERMISSION TO RELEASE OR EXCHANGE INFORMATION/PERMISSION TO OBSERVE

LANE SCHOOL

give my written permission to: \_\_\_\_\_, NAME OF PROVIDER

to release the following information concerning \_\_\_\_\_, NAME OF STUDENT, for

educational planning/appropriate placement services.

**INFORMATION REQUESTED (Check items desired)**

- ☐ Student Education Records  
☐ Intelligence Test Scores/Psychological Reports  
☐ Personality and/or Interest Assessments  
☐ Teacher and/or Counselor Observations, Ratings, Recommendations  
☐ Social Work Reports  
☐ Medical Information  
☐ Individual Education Plan (IEP)  
☐ Speech/Language and Hearing Records  
☐ Other (specify) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

In accordance with the requirements of the Family Educational Rights and Privacy Act, education records maintained by an educational agency on/about a student may not be shared with any other agency without the written consent of the parent, guardian, or the student (if eighteen years or older). All records added to student file may be open to parent.

PLEASE SEND TO: LANE SCHOOL  
LANE EDUCATION SERVICE DISTRICT  
1200 HIGHWAY 99 NORTH  
EUGENE, OREGON 97402  
PHONE: 334-4796

BY SIGNING BELOW I GIVE MY PERMISSION FOR THE LANE EDUCATION SERVICE DISTRICT TEACHER-CONSULTANT TO OBSERVE AND CONSULT WITH MY CHILD.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number



1200 Highway 99 North  
Eugene, Oregon 97402-2033  
(541) 461-8200 Fax (541) 451-8259

## REFERRAL FOR SERVICES

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

Client's Name: \_\_\_\_\_ Resident District: \_\_\_\_\_ Case No. \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Parent Address: \_\_\_\_\_ Service Coordinator: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ IEP Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Re-eval Date: \_\_\_\_\_

Have parents been informed of this referral? ☐ Yes ☐ No Person Referring: \_\_\_\_\_

Other agencies serving this child: \_\_\_\_\_

Please attach Permission to Test form along with information specified below.

Forward Orthopedic Impairment, Vision Impairment and Hearing Impairment referrals to: Lane Regional Program  
200 North Monroe  
Eugene, Oregon 97402

☐ DEAF-HARD OF HEARING

Required attachments include:

- ☐ Medical/Physician's Statement documenting hearing impairment
- ☐ Audiological Report
- ☐ Copy of Exchange of Information form

☐ ORTHOPEDICALLY IMPAIRED

Required attachments include:

- ☐ Medical/Physician's Statement documenting orthopedic impairment

☐ VISUALLY IMPAIRED

Required attachments include:

- ☐ Medical Statement from on Ophthalmologist or Optometrist
- ☐ Copy of Exchange of Information form

Forward Autism referrals to: Lane Regional Program  
1200 Highway 99 North  
Eugene, Oregon 97402

☐ AUTISM

Required attachments include:

- ☐ Medical/Physicians Statement

Issues of Concern: \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal

OR

\_\_\_\_\_  
Signature of District/Program Referral Coordinator

WITH EACH NEW REFERRAL FOR SERVICE PLEASE SEND COPIES OF CURRENT IEP AND ELIGIBILITY



**Motor Team (OT & PT) Screening Form**  
**SPECIAL EDUCATION**  
South Lane School District · PO Box 218 · Cottage Grove, OR 942-3381 x 9

Full Legal Name		Birthdate	PE/Recess Time	Date
Teacher	Room #	Grade	Casemanager	

Convenient time to assess the student: \_\_\_\_\_  
If referral for handwriting, specify when handwriting is taught so therapist can observe during that time. Day \_\_\_\_\_ Time \_\_\_\_\_

<input type="checkbox"/> Student wears glasses or a vision exam has been recommended	<input type="checkbox"/> Student is currently being referred for resource room evaluation.
<input type="checkbox"/> Student has been retained.	<input type="checkbox"/> Student has attention/focus difficulties.
<input type="checkbox"/> Student receives resource and/or speech services (Please circle appropriate services (s)).	<input type="checkbox"/> On medication for hyperactivity/attention

How does the motoric problem interfere with the student participating in the classroom activities?


**CHECK ITEMS WHICH HAVE BEEN OBSERVED**

- ☐ Child lacks age appropriate strength and endurance for school activities including PE and recess
- ☐ Difficulty with hop, jump, skip or run compared to others his/her age
- ☐ Difficulty throwing/catching
- ☐ Difficulty doing jumping jacks
- ☐ Unable to stand on one foot for 10 seconds
- ☐ Difficulty using stairs or going to/from the floor
- ☐ Complains of pain during physical activities
- ☐ Clumsy, bumps into things, falls out of chair, and has unsafe mobility
- ☐ Poor desk posture (slumps, leans on arm, head too close to work, other hand does not assist)
- ☐ Difficulty drawing, coloring, copying, cutting (*circle all that apply.*)
- ☐ Poor pencil grasp and/or drops pencil frequently
- ☐ Letter or number reversals after first grade \_\_\_\_\_
- ☐ Difficulty copying from the board or overhead
- ☐ Difficulty with clothes (buttons, zippers, snaps, shoe tying)
- ☐ Has trouble keeping hands to self, pokes/pushes other children, dislikes being hugged
- ☐ Bothered by noises, other students getting too close to him/her
- ☐ Repetitive and/or disruptive behaviors such as mouthing/chewing objects, rocking, cracking knuckles, or \_\_\_\_\_
- ☐ Modifications/accommodations have been tried such as slant board, alphabet strip on desk for reference, pencil gripper, decreased expected written work, Alpha Smart, sitting closer to front of room or \_\_\_\_\_
- ☐ \_\_\_\_\_ (please describe).
- ☐ Has trouble keeping hands to self, pokes/pushes other children, dislikes being hugged.

**ATTACH COPY of signed Prior Notice/Consent for Evaluation.**  
If this is a fine-motor referral, please attach handwriting and drawing samples.  
Send by courier or by fax to Kay Monroe or Ginny Cramblit, Lane Regional Programs  
Fax: 541.790.7803



## LIFE SKILLS EDUCATION PROGRAM

### ELIGIBILITY CRITERIA

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

Date of Birth: \_\_\_\_\_ District: \_\_\_\_\_

IEP: ☐ Yes ☐ No

IDEA Eligibility: \_\_\_\_\_ Date of Last Eligibility: \_\_\_\_\_

#### Cognitive

Assessment(s): \_\_\_\_\_

Date: \_\_\_\_\_ Score(s): \_\_\_\_\_

The student's intelligence test score is  $\geq 3$  standard deviations below the mean: ☐ Yes ☐ No

#### Adaptive Behavior

Assessment(s): \_\_\_\_\_

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

The student has deficits in adaptive behavior coexistent with impairments in intellectual functioning: ☐ Yes ☐ No

#### Achievement

Data Source(s): \_\_\_\_\_

Date: \_\_\_\_\_ Score(s): \_\_\_\_\_

The student's developmental level or educational achievement is significantly below the age or grade norms: ☐ Yes ☐ No

The student's educational problems are not primarily the result of sensory disabilities or other physical factors: ☐ Yes ☐ No

ELIGIBLE FOR LIFE SKILLS EDUCATION PROGRAM: ☐ Yes ☐ No