

## **The L.E.A.S.E. Referral Process**

1. When a student is felt to have an educational deficit requiring accommodation and/or modification of his/her current program, the “Problem Solving” process should be implemented. The focus of the “Problem Solving” process is to implement scientifically researched interventions to allow students to succeed in their current education or other environment. A building-based “Problem Solving Team” (or other appropriate team in your school) first should proceed to address the educational difficulties of a specific student through data gathering resulting in the implementation of alternative interventions, preferably within the child’s current environment, to address any concerns verified by the data gathered.
2. Your building-based “Problem Solving Team” should meet periodically to evaluate the success of the interventions attempted and revise interventions as needed. Data should be kept on the results of the recommended intervention/s over a reasonable period of time as necessary to fairly evaluate the success of the intervention/s attempted. Data may show that an intervention initially attempted is in need of revision. Interventions are documented as to their effectiveness and their length of implementation. Intervention decisions are then made based upon the evaluation data collected.
3. The documented data generated by the building-based “Problem Solving Team” over time may subsequently be used to determine whether or not to complete a referral to evaluate a student for special education eligibility. However, individuals may complete a referral at any time during the process.
4. School personnel, parents, community service agency employees, professional persons having knowledge of the child, the child, an employee of the State Board of Education and possibly others may communicate a disability-related concern regarding a child via the “L.E.A.S.E. Referral for Evaluation” form.
5. Referrals for the determination of special education eligibility can be made at any time a qualified individual deems it necessary.
6. Each public school building within L.E.A.S.E. has “L.E.A.S.E. Referral for Evaluation” forms available to refer children age 2.5 through 21. These forms are also available on our Website [www.lease-sped.org](http://www.lease-sped.org). Each L.E.A.S.E. public school district shall designate appropriate personnel to initially accept referrals.
7. The specific reasons for referral and the related general education interventions attempted by your building-based “Problem Solving Team” must be clearly documented on and/or attached to the “L.E.A.S.E. Referral for Evaluation” form.
8. If a student speaks a language other than English in the home, a “Student Language Survey” form (also available on our website) must be completed and also attached to the “L.E.A.S.E. Referral for Evaluation” form.
9. After completing the entire “L.E.A.S.E. Referral for Evaluation” form and all necessary attachments, the “L.E.A.S.E. Referral for Evaluation” form is forwarded to the designated person in the school district in which your school is located who is responsible for initially processing referrals.
10. The public school district shall determine whether an evaluation is warranted within 14 school days of receiving the referral. Regardless of the decision, to conduct or not to conduct an evaluation, the form “Notification of Decision Regarding a Request for Evaluation” I.S.B.E. form 34-57A must be completed by the district designee and sent to the parent within 14 days of receiving the referral.
11. An “Explanation of Procedural Safeguards” must also be sent with I.S.B.E. Form 34-57A.

## LaSalle/Putnam County Educational Alliance for Special Education

1009 Boyce Memorial Drive Ottawa, IL 61350

PHONE/MD: (815) 433-6433 FAX: (815) 433-6164 Email: lease@lease-sped.org

**L.E.A.S.E. REFERRAL FOR EVALUATION**

NAME OF STUDENT \_\_\_\_\_ D.O.B. \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

SCHOOL DISTRICT \_\_\_\_\_ HOME SCHOOL \_\_\_\_\_

TEACHER (S) \_\_\_\_\_ GRADE \_\_\_\_\_

REASON(S) FOR REFERRAL (Please be specific in addressing any learning, speech/language and/or social emotional concerns):

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INTERVENTIONS IMPLEMENTED: Consider all domains. Each domain may not have an intervention.

Academic Performance \_\_\_\_\_

Communication Status General \_\_\_\_\_

Intelligence Hearing/Vision \_\_\_\_\_

Health \_\_\_\_\_

Motor Abilities \_\_\_\_\_

Social/Emotional Status \_\_\_\_\_

MODE(S) OF COMMUNICATION (those that apply):

 Verbal/Expressive (typical pattern)  Total Communication (speech, signing & lip reading) Gestures  Signing  Other \_\_\_\_\_ Unstructured Sounds  Communication Device

EXTENT TO WHICH STUDENT USES EXPRESSIVE LANGUAGE: <input type="checkbox"/> Adequate <input type="checkbox"/> Minimal <input type="checkbox"/> None	Does this child receive speech/language services? <input type="checkbox"/> Yes <input type="checkbox"/> No
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LANGUAGE USE PATTERN:

1. Language spoken in home \_\_\_\_\_

If other than English, complete and attach "STUDENT LANGUAGE SURVEY" form.

2. Language spoken most comfortably and frequently by student \_\_\_\_\_

3. Proficiency in English is:  Adequate  Minimal  None

ETHNIC CODE/CULTURAL BACKGROUND (one):

 White (Not Hispanic Origin)  African-American Hispanic  Asian or Pacific Islander  American Indian or Alaskan Native

DATE SUBMITTED: \_\_\_\_\_

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SIGNATURE OF REFERRING PARTY/TITLE

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SIGNATURE OF ADMINISTRATOR RECEIVING REFERRAL/TITLE

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Team which determined whether to conduct or not conduct evaluation \_\_\_\_\_ Date \_\_\_\_\_

DISTRIBUTION OF COPIES: L.E.A.S.E., Resident District Student Temporary Record, Parent

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**STUDENT LANGUAGE SURVEY**

STUDENT'S NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

TEACHER \_\_\_\_\_ DATE \_\_\_\_\_

Check the best answer to each question by interviewing the student or from your knowledge of the student

- 1. Was the first language this student learned English?  Yes  No
  
- 2. Can the student speak a language other than English?  
If yes, what language? \_\_\_\_\_  Yes  No
  
- 3. Which language does the student use most often when he/she speaks to his/her friends?  English  Other Specify: \_\_\_\_\_
  
- 4. Which language does the student use most often when he/she speaks to his/her parents?  English  Other Specify: \_\_\_\_\_
  
- 5. Does anyone in the student's home speak a language other than English?  
If yes, specify language spoken \_\_\_\_\_  Yes  No

**Person completing this survey:**

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_