

Referral Standards

Referral is a formal, ongoing process for receiving and responding to referrals when a student shows signs of potentially needing special education and related services. The referral process includes district review of screening and other information on referred students, and the district's decision about whether to conduct a formal special education evaluation.

Required Policies

The district's child study procedures must include a plan for receiving referrals. Those child study procedures must be included in the district's TSES Manual. (Minn. R. 3525.1100, subp. 2(A).)

Referral Standards

Evaluation Determination upon Referral

Before a pupil is referred for a special education evaluation, the district must conduct and document at least two instructional strategies, alternatives, or interventions using a system of scientific, research-based instruction and intervention in academics or behavior, based on the pupil's needs, while the pupil is in the regular classroom. The pupil's teacher must document the results. A special education evaluation team may waive this requirement when it determines the pupil's need for the evaluation is urgent. This section may not be used to deny a pupil's right to a special education evaluation. (Minn. Stat. § 125A.56(a).)

Alternative Intervention Services

A school district shall use alternative intervention services, including the assurance of mastery program under Minnesota Statutes, section 124D.66, or an early intervening services program under Subdivision 2 to serve at-risk pupils who demonstrate a need for alternative instructional strategies or interventions. (Minn. Stat. § 125A.56(b).)

Nonpublic and Interagency Referral

Receiving Referrals

Notwithstanding any age limits in laws to the contrary, special instruction and services must be provided from birth until July 1 after the child with a disability becomes 21 years old but shall not extend beyond secondary school or its equivalent, except as provided in Minnesota Statutes, section 124D.68, Subd. 2. Local health, education, and social service agencies must refer children under age five who are known to need or suspected of needing special instruction and services to the school district. Districts with less than the minimum number of eligible children with a disability as determined by the commissioner must cooperate with other districts to maintain a full range of programs for education and services for children with a disability. This

section does not alter the compulsory attendance requirements of Minnesota Statutes, section 120A.22. (Minn. Stat. § 125A.03(b).)

Making Referrals

The [Interagency Early Intervention Committee] must develop and implement interagency policies and procedures concerning the following ongoing duties: (3) establish and evaluate the identification, referral, child and family assessment systems, procedural safeguard process, and community learning systems to recommend, where necessary, alterations and improvements. (Minn. Stat. § 125A.30 (b)(3).)

Infant and Toddler Initial Referral

Referral Procedures

(a) General. (1) The lead agency's child find system described in Code of Federal Regulations, title 34, section 303.302 must include the State's procedures for use by primary referral sources for referring a child under the age of three to the part C program. (2) The procedures required in paragraph (a)(1) of this section must (i) Provide for referring a child as soon as possible, but in no case more than seven days, after the child has been identified; and (ii) Meet the requirements in paragraphs (b) and (c) of this section. (b) Referral of specific at-risk infants and toddlers. The procedures required in paragraph (a) of this section must provide for requiring the referral of a child under the age of three who (1) Is the subject of a substantiated case of child abuse or neglect; or (2) Is identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure. (34 C.F.R. § 303.303(a)-(b).)

Referral Sources

As used in this subpart, primary referral sources include:

- (1) Hospitals, including prenatal and postnatal care facilities;
- (2) Physicians;
- (3) Parents, including parents of infants and toddlers;
- (4) Child care programs and early learning programs;
- (5) LEAs and schools;
- (6) Public health facilities;
- (7) Other public health or social service agencies;
- (8) Other clinics and health care providers;
- (9) Public agencies and staff in the child welfare system, including child protective service and foster care;
- (10) Homeless family shelters; and

(11) Domestic violence shelters and agencies. (34 C.F.R. § 303.303(c).)

Specific Service Coordination Services

Service coordination services include (1) Assisting parents of infants and toddlers with disabilities in obtaining access to needed early intervention services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments for infants and toddlers with disabilities and their families; (2) Coordinating the provision of early intervention services and other services (such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes) that the child needs or is being provided; (3) Coordinating evaluations and assessments; (4) Facilitating and participating in the development, review, and evaluation of IFSPs; (5) Conducting referral and other activities to assist families in identifying available EIS providers; (6) Coordinating, facilitating, and monitoring the delivery of services required under this part to ensure that the services are provided in a timely manner; (7) Conducting follow-up activities to determine that appropriate part C services are being provided; (8) Informing families of their rights and procedural safeguards, as set forth in subpart E of this part and related resources; (9) Coordinating the funding sources for services required under this part; and (10) Facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services. (34 C.F.R. § 303.34(b).)

(a) The team developing the IFSP under Minnesota Statutes, section 125A.32 must select a service coordinator to carry out service coordination activities on an interagency basis. Service coordination must actively promote a family's capacity and competency to identify, obtain, coordinate, monitor, and evaluate resources and services to meet the family's needs. Service coordination activities include: (1) coordinating the performance of evaluations and assessments; (2) facilitating and participating in the development, review, and evaluation of individualized family service plans; (3) assisting families in identifying available service providers; (4) coordinating and monitoring the delivery of available services; (5) informing families of the availability of advocacy services; (6) coordinating with medical, health, and other service providers; (7) facilitating the development of a transition plan at least 90 days before the time the child is no longer eligible for early intervention services, or, at the discretion of all parties, not more than nine months prior to the child's eligibility for preschool services, if appropriate; (8) managing the early intervention record and submitting additional information to the local primary agency at the time of periodic review and annual evaluations; and (9) notifying a local primary agency when disputes between agencies impact service delivery required by an IFSP. (b) A service coordinator must be knowledgeable about children and families receiving services under this section, requirements of state and federal law, and services available in the interagency early childhood intervention system. (Minn. Stat. § 125A.33).