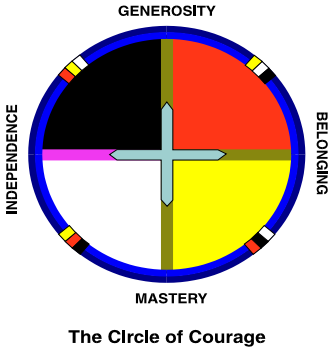

Kenosha Unified School District
Hillcrest School
T.I.M.E. Program/Bridges Center
4616 24th Street
Kenosha, Wisconsin 53144
(262) 359-6118 fax (262) 359-7870

Hillcrest School T.I.M.E. Program Screening Referral Procedure

A student is referred to the Hillcrest School T.I.M.E. Program screening when:

- A current KUSD placement has exhausted all other possible interventions, including the FBA/BIP process. The student's case manager or program support teacher completes the referral packet (Include current IEP w/FBA & BIP).
- Out of home placement from the community. The community agency worker completes the packet (60-90 days into placement).
- Students that are enrolled in Phoenix Project. The Phoenix Project teachers complete the packet (60 days into placement).

Referral Procedure

Items to be submitted:

- Referral packet
- Authorization to Obtain and Disclose Information (Must have parent/adult student signature)
- Information included on the checklist

Who should attend:

- Student
- Parent/Guardian
- Program Support Teacher
- Special education teacher &/or case manager
- Principal or Assistant Principal (Required for KUSD Referral)
- School Social Worker (if currently involved)
- KCDCFS Representative (if currently involved)
- Professional Services Group/Community Impact Programs Representative (if currently involved)
- Other agency staff involved with student or family

SCREENING REFERRAL CHECKLIST

KUSD referrals must have the following information included or attached.

- ☐ T.I.M.E. Program Screening Referral Form (attached)
- ☐ Teacher Questionnaire (attached).
- ☐ Authorization to Obtain and Disclose Information (attached)
- ☐ School History: grades, credits, attendance, behavior
- ☐ Current copy of Individual Education Plan (IEP), Behavioral Intervention Plan (BIP), and last special education evaluation
- ☐ Transcript
- ☐ Current report card/ midterm progress report
- ☐ If possible include: attendance and behavioral reports from the last KUSD school attended
- ☐ Copy of any Manifestation Determination
- ☐ List of any community agency services currently or previously received by the student or family
- ☐ If applicable include: Suicidal History, AODA History, Past Abuse & Placement History

KCDC FS/ PSG/CIP referrals must have the following information included or attached.

- ☐ T.I.M.E. Program Screening Referral Form (attached)
- ☐ Teacher Questionnaire (attached).
- ☐ Authorization to Obtain and Disclose Information (attached)
- ☐ School History: grades, credits, attendance, behavior
- ☐ Current copy of Individual Education Plan (IEP), Behavioral Intervention Plan (BIP), and last special education evaluation
- ☐ Transcript
- ☐ Current report card/ midterm progress report
- ☐ If possible include: attendance and behavioral reports from the last KUSD school attended
- ☐ Copy of any Manifestation Determination
- ☐ List of any community agency services currently or previously received by the student or family
- ☐ If applicable include: If applicable include: Suicidal History, AODA History, Past Abuse & Placement History
- ☐ Current Dispositional Court Report

IMPORTANT: The completed referral packet must be submitted to the Hillcrest School office no later than noon on the Thursday before the screening date. Referral packets, both incomplete and those received after noon on the Thursday before the screening date will be rescheduled for the next screening.

The person making the referral is responsible for calling Hillcrest School at 359-6118 on the Friday before the screening date to confirm the time for screening. They must also call and notify all parties who will be attending. Screenings begin promptly at 2:15 p.m.

Hillcrest School T.I.M.E. Program Screening Referral Form

Student Name:	KUSD ID#:
Address:	Grade / Cohort:
Phone:	Referring School / Agency:
Alternative Phone:	Person Making Referral:
Birth date & age:	Date Referral Submitted:
SS#:	Attending School:
Parent/Guardian:	Boundary School:
Parent or Guardian Address:	Last KUSD School Attended:

Special Education Service Information

Area of Disability:	Date of Initial Placement:
Current I EP Date:	Date of most recent I EP Review:
Credits Earned:	Date of most recent review of BIP:

Screening Committee Use Only
Accepted into the TIME Program
☐ Yes ☐ No
Screening Committee's Recommendations

Hillcrest School T.I.M.E. Program Screening Referral
Teacher Questionnaire

In order to more effectively meet student needs and identify problematic behaviors we request that you take the time to complete the following questionnaire.

☐ If Manifestation Determination Attached (Proceed to section B.)

☐ Administrative Review Committee Packet or Expulsion Orders attached if applicable

Student Name: _____
Teacher Name: _____
Subject Area: _____

A.

1. List behavior(s) that determined screening is necessary (Student is ready to transition back when these behaviors are not occurring):

2. List interventions attempted and student responses to those interventions:

Academic Performance Levels and Instructors (Include MAPs, ITED, ACT, Forward Scores)

☐ Reading_____

☐ Written Language_____

☐ Math_____

B. Has or is the student:

Retained? If so, when?

Gang affiliated? If so, what gang?

Diagnosed with a mental illness? If so, what? Who diagnosed?

Currently taking medication? If so, list. Who prescribed?

Currently seeing a therapist, psychiatrist, etc.? If so, list.

Involved in the court system? Examples: Adjudicated Delinquent, CHIPS, JIPS, JCI, Adult Caseworker assigned? (KCDCFS, DOC, or JCI)

Date off of supervision/ probation/parole?

Involved with any community agencies/ service providers? If so list.

Please describe relevant family history:

Please list out of home placement history if applicable:

IAP/ Phoenix Project Use Only: Please list recommendation for educational placement:

Phoenix Project Use Only: The current school placement recommendation has been made in collaboration with the administration/PST from the student's last KUSD school attended?

☐YES ☐NO

Kenosha Unified School District

Revised 9/04

3600 52nd Street – Kenosha, Wisconsin 53144 – (262) 359-5950

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

Name: _____ **ID No.:** _____ **DOB:** _____ **Date:** _____

INSTRUCTIONS: Complete one or both of the Authorization Statements below, place checkmarks by the information that may be disclosed and sign the authorization. In order to allow the exchange of information between the Kenosha Unified School District No. 1 and the identified individual/entity, please check both of the Authorization Statements.

AUTHORIZATION STATEMENTS:

☐ I, the undersigned, hereby authorize the Kenosha Unified School District No. 1 to disclose by any means (including written, oral or electronic means) the information indicated below regarding the student to:

Name	Address
Kenosha Unified School District	
Community Impact Programs/Professional Services Group	
Professional Services Group Clinic	
Kenosha County Department of Social Services	
Kenosha Human Development Services	
Kenosha Police Department	
Kenosha County Juvenile Intake Services	
Kenosha County Division of Children & Family Services	
Kenosha County Division of Health	
Kenosha County Division of Disability Services	
Other:	

☐ I, the undersigned, hereby authorize, _____(insert name of individual, organization, or agency) to disclose by any means (including written, oral or electronic means) the information indicated below to the Kenosha Unified School District No. 1.

Please correspond/communicate this information with _____ at _____
(name) (address)

INFORMATION TO BE DISCLOSED

Education Information/Records
- ☐ Progress Records
- ☐ Behavioral Records
- ☐ Pupil Physical Health Records
- ☐ Psychological Records
- ☐ Special Education Records
- ☐ Outside Agency Records
- ☐ Law Enforcement Records

Health Information/Records
- ☐ Patient Health Information (specify or indicate "all")

_____
_____
_____

- ☐ Alcohol/Drug Abuse Records
- ☐ Mental Health Records
- ☐ Developmental Disabilities

Other Information/Records (specify)

_____
_____

PURPOSE OF DISCLOSURE: The information is requested for the purpose of educational programming and service, medical evaluation and treatment, health assessment and planning, or other (specify, such as "at request of the individual")

_____

ACKNOWLEDGMENTS: Receive Records & Authorization – I understand that I have a right to a copy of the records that are disclosed and a right to a copy of this authorization. **Withdrawal of Authorization** – I understand that I have the right to revoke this authorization, except to the extent that disclosure has already been made in reliance on this authorization. I understand that my revocation is effective only if it is in writing and it is submitted to the individual/entity that is releasing information. **Re-Disclosure of Health Information** – I understand that if my child's health information is released pursuant to this authorization, it may be subject to re-disclosure by a person who receives the health information and may not be protected by federal law. **Voluntary Authorization** – I understand that a health care provider may not condition health care treatment, payment or eligibility for health plan benefits of whether or not I sign this authorization.

This permission is valid for one year from the date signed. A copy of this form is as effective as the original. I certify that I am the parent, legal guardian, personal representative of the above named student, or that I am the student and of majority age, and have authority to sign this release.

_____ _____
Signature Date

_____ _____
Print Name Relationship to Student (parent, guardian, personal representative or adult student)

___Check here if you are requesting a copy of education records disclosed by the Kenosha Unified School District No. 1 (a fee for education record copies may be imposed).

The Kenosha Unified School District is an Equal Opportunity Educator/Employer with established policies prohibiting discrimination on the basis of age, race, creed, religion, color, sex, national origin, disability or handicap, sexual orientation, or political affiliation in any educational program, activity, or employment in the District. The Superintendent of Schools/designee (262-359-6320) addresses questions regarding student discrimination, and the Executive Director of Human Resources (262-359-6333) answers questions concerning staff discrimination.

Original to ESC Copy to Parent(s)/Guardian(s) Copy to Agency Copy to Student Record