

# Kenosha Unified School District Hillcrest School

T.I.M.E. Program/Bridges Center 4616 24<sup>th</sup> 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.

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

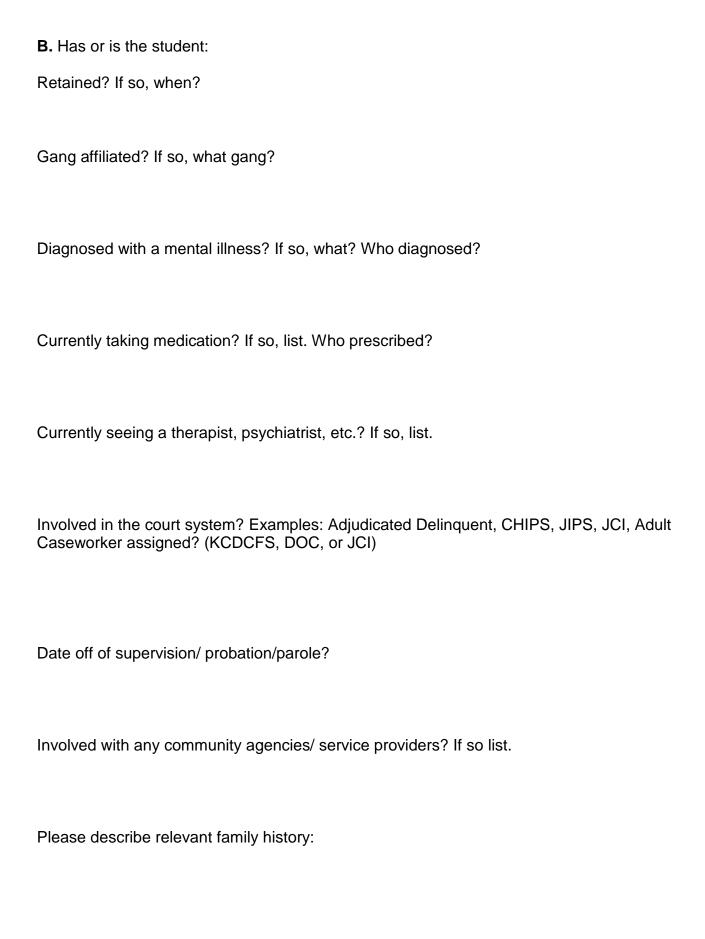
Area of Disability:	Date of Initial Placement:
Current I EP Date:	Date of most recent I EP Review:
Credits Earned:	Date of most recent review of BIP:

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



Please list ou	ut of home placement history if applicable:
IAP/ Phoenix	Project Use Only: Please list recommendation for educational placement:
•	ect Use Only: The current school placement recommendation has been made in with the administration/PST from the student's last KUSD school attended?
□YES	□ NO

### Kenosha Unified School District 3600 52<sup>nd</sup> Street - Kenosha, Wisconsin 53144 - (262) 359-5950 AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

INSTRUCTIONS: Complete one or both of the Authorization Statements below, place checkmarks by the information disclosed and sign the authorization. In order to allow the exchange of information between the Kenosha Unified Scho 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 oral or electronic means) the information indicated below regarding the student to:    Name		OOB: Date:	]	ID No.:	Name:
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 oral or electronic means) the information indicated below regarding the student to:    Name	tion that may be	lace checkmarks by the information the	Statements below	of the Authorization	INSTRUCTIONS: Complete one or both
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Kenosha County Division of Children & Family Services Kenosha County Division of Health Kenosha County Division of Health Kenosha County Division of Disability Services Other:    I, the undersigned, hereby authorize,   (insert name of individual, organization disclose by any means (including written, oral or electronic means) the information indicated below to the Kenosha District No. 1.  Please correspond/communicate this information with   at   (address)  INFORMATION TO BE DISCLOSED Education Information/Records   Patient Health Information/Records   Patient Health Information (specify or indicate "all")   Developmental Disabilities   Progress Records   Patient Health Information (specify or indicate "all")   Developmental Disabilities   Papil Physical Health Records   Developmental Disabilities   Other Information/Records (specify or indicate "all")   Developmental Disabilities					
Kenosha County Division of Health Kenosha County Division of Disability Services  Other:    I, the undersigned, hereby authorize, disclose by any means (including written, oral or electronic means) the information indicated below to the Kenosha District No. 1.  Please correspond/communicate this information with at (name) (address)    Progress Records   Patient Health Information/Records   Patient Health Information (specify or indicate "all")   Developmental Disabilities   Payer Pupil Physical Health Records   Patient Health Information (specify or indicate "all")   Developmental Disabilities   Payehological Records   Developmental Disabilities   Other Information/Records (specify or indicate "all")   Developmental Disabilities   Payehological Records   Developmental Disabilities   Other Information/Records (specify or indicate "all")   Developmental Disabilities     Payehological Records   Developmental Disabilities   Other Information/Records (specify or indicate "all")   Developmental Disabilities     Payehological Records   Developmental Disabilities   Other Information/Records (specify or indicate "all")   Developmental Disabilities     Payehological Records   Developmental Disabilities   Other Information/Records (specify or indicate "all")   Developmental Disabilities     Payehological Records   Developmental Disabilities   Other Information/Records (specify or indicate "all")     Payehological Records   Developmental Disabilities   Other Information/Records (specify or indicate "all")   Developmental Disabilities     Payehological Records   Developmental Disabilities   Other Information/Records (specify or indicate "all")   Developmental Disabilities   Other Information/Records   Developmental Disabilities   Other Information/Records   Developmental Disabilities   Other Information/Records   Developmental Disabilities   Other Information (specify or indicate data that a request of the individual or the individual				mily Services	Kenosha County Division of Children & Fa
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Education Information/Records Progress Records Patient Health Information Special Records Patient Health Information Special Records Patient Health Information Special Records Psychological Records Special Education Records Coutside Agency Records Law Enforcement Records Alcohol/Drug Abuse Records CURPOSE OF DISCLOSURE: The information is requested for the purpose of educational programming and service, valuation and treatment, health assessment and planning, or other (specify, such as "at request of the individual")  CCKNOWLEGMENTS: Receive Records & Authorization — I understand that I have a right to a copy of the record isclosed and a right to a copy of this authorization. Withdrawal of Authorization — I understand that I have the right to authorization, except to the extent that disclosure has already been made in-reliance on this authorization. It understand that Eleath Information — I understand that if in writing and it is submitted to the individual/entity that is releasing information. Re-Death Information — I understand that if my child's health information is released pursuant to this authorization, it may be disclosure by a person who receives the health information and may not be protected by federal law. Voluntary Author entity is provided that a health care provider may not condition health care treatment, payment or eligibility for health plan beneft not I sign this authorization.  In the succession is valid for one year from the date signed. A copy of this form is as effective as the original. I certify that the provided is a succession of the above named student, or that I am the student and of majority age, and thority to sign this release.			(nama)	ation with	The state of the s
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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)