

# C

## Referrals for Observation and Consultation

### **Section C Forms**

Referral Form for Observation and Consultation



## **Referrals for Observation and Consultation Guidelines**

A referral can be made for observation and consultation from any of the following AWSSC staff:

- a. Behavior Consultant
- b. Assistive Technology Coordinator
- c. Teacher of Blind-Low Vision
- d. Teacher of Deaf and Hard of Hearing
- e. Occupational Therapist
- f. Physical Therapist
- g. Social Worker

Observation and consultation by AWSSC staff require written parental consent in advance of exchanging any personally identifiable information between the school district and AWSSC. Observation and consultation may include the collection of new data and consist of any of the following:

**Teacher Consultation:** A consultant will meet with the teacher for the purpose of helping the teacher address student specific concerns and when the student is not responding to current interventions.

**Student Observation:** A consultant can observe a student in a variety of settings. The consultant will meet with the teacher to review a report of the observation and provide any recommendations or resources.

**Student Interview:** A consultant can meet with a student to conduct an interview. Additionally, non-diagnostic screeners or checklists may be administered to the student.



### **Referrals for Observation and Consultation Procedures**

1. District personnel will obtain written consent from parent(s) or guardian(s) by completing the **Referral Form for Observation and Consultation**.
2. Completed **Referral Form for Observation and Consultation** will be forwarded to [testing@awssc.k12.in.us](mailto:testing@awssc.k12.in.us).
3. Student records manager will retain a copy of the request and forward the **Referral Form for Observation and Consultation** to the appropriate AWSSC staff member.
4. AWSSC staff member will communicate with the building contact designated on the referral form to schedule any of the following that apply: teacher consultation meeting, student observation, or student interview.
5. Following the consultation, observation, or interview, AWSSC staff member will prepare a summary report and forward it to the designated building contact and the AWSSC student records manager at [testing@awssc.k12.in.us](mailto:testing@awssc.k12.in.us).
6. Upon request, AWSSC staff member will attend a staffing with district personnel to discuss recommendations and subsequent actions.

**Referral for Observation and/or Consultation**

<b>Student Name:</b>		<b>School:</b>
<b>Grade:</b>	<b>Teacher:</b>	<b>School Phone:</b>
<b>Individual Making Referral:</b>		<b>Principal:</b>
<b>Building Contact to Receive Report:</b>		

**Observation/Consultation Request From:**

- ☐ Behavior Consultant
  - ☐ Assistive Technology Consultant
  - ☐ Teacher for Blind Low Vision
  - ☐ Teacher for Deaf and Hard of Hearing
  - ☐ Orientation and Mobility Consultant
  - ☐ Occupational Therapist
  - ☐ Physical Therapist
  - ☐ Social Worker
  - ☐ \*Other – Please Specify
- 

Please complete the following information:

1. Please list any treatment history (i.e. psychiatrist, counselor/therapist, hospitalizations, medication, etc.)
  
2. List the areas of concern (i.e. academic, behavioral, or other)
  
3. What interventions have been implemented to address these concerns? Please attach RTI/MTSS documentation if available.
  
4. In what way would you like the consultant to assist?

\*If “other” includes individual or agency outside of Adams Wells staff, a [Release of Information form](#) **must** also be included to initiate the observation and/or consultation.

**Referral for Observation and/or Consultation**

<b>Student Name:</b>		<b>School:</b>
<b>Grade:</b>	<b>Teacher:</b>	<b>School Phone:</b>
<b>Individual Making Referral:</b>		<b>Principal:</b>

Your child has been experiencing some difficulties at school. To further assist your child, we would like to request your permission for staff from Adams Wells Special Services Cooperative to provide services which may include observation, staff consultation, and student interviews, and non-diagnostic screeners or checklists. This consultation will be conducted at school to help improve your son's/daughter's learning experience.

If you have questions, please contact your son's/daughter's teacher or building principal.

Thank you for your cooperation.

<input type="checkbox"/>
<input type="checkbox"/>

Yes, **I give permission** to provide the services described

No, **I DO NOT** give permission to provide the services described.

Parent Signature: \_\_\_\_\_

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

**\*Please email completed form to [testing@awssc.k12.in.us](mailto:testing@awssc.k12.in.us)**

**Signed form is valid for one year from date of signature unless written revocation of consent is received by Adams Wells Special Services Cooperative from the parent/guardian of the student.**