

# Mid-Valley Special Education Cooperative

1304 Ronzheimer Ave St. Charles, IL 60174 (331) 228-4873 ; (331) 228-4891 Fax

Serving children and families of the Batavia, St. Charles, Geneva, Kaneland and Central Community School Districts

## Mid-Valley Program Referral Information

*Please complete the requested information and mail, email ([Brandi.Pedersen@d303.org](mailto:Brandi.Pedersen@d303.org)) or fax (above) to the MV office. The information will be forwarded to a program coordinator, who will follow up with district contact regarding support needed.*

### Date of Request:

|                                     |        |      |                  |                                 |             |                         |               |
|-------------------------------------|--------|------|------------------|---------------------------------|-------------|-------------------------|---------------|
| First                               | Middle | Last | DOB              | Age                             | Grade       | Disability              | Home District |
| Current Educational Services/School |        |      | Last Annual Date | Last Evaluation Date            |             | SIS #<br>Medicaid #     |               |
| Parent/Guardian Name(s)             |        |      | Primary Phone    | Work/Cell Phone                 |             | Emergency Contact/Phone |               |
| Home Address                        |        |      | Language         | F/R Lunch                       | Ethnic/Race | Gender                  |               |
| District Contact /Designee          |        |      | Phone            | E-Mail                          |             |                         |               |
| Name of Possible MV Program         |        |      | Move-In Student? | Does the student have a FA/BIP? |             |                         |               |

Please indicate the anticipated time frame to determine the need for a Mid-Valley placement:

\_\_\_ Upcoming School year \_\_\_ 6-8 weeks \_\_\_ 4-6 weeks \_\_\_ 2-4 weeks \_\_\_ URGENT/Immediate

Anticipated date, time, location of Placement Meeting/Discussion with parents: \_\_\_\_\_

### Student Concerns

Please describe the student concerns for which you are seeking MV assistance:

Please describe the level of service and why a different placement is being considered.

Are the parents in agreement with this possible placement?

Are there other placements you are considering?      If yes, which ones?

Program Visits

Would you like to visit the MV program? If so, when?

Prior to the placement meeting

Following a suspended placement meeting

Other: \_\_\_\_\_

Who will be visiting?

Parents (with district staff)

Staff only

Other: \_\_\_\_\_

If parents will be visiting, who will be accompanying the parents on the visit?

Days/Preferred Times for the Visit:

Meetings

Would you like to schedule an informal meeting/student observation with Mid-Valley program staff?    **Y**    **N**

If so, please specify preferred days / times: \_\_\_\_\_

**District Special Education Administrator: (signature)** \_\_\_\_\_

*Return completed form to the Mid-Valley Office. It will be distributed to the appropriate teachers and administrators.*

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