

**VILLAGE RANCH ALTERNATIVE PROGRAM (VRAP)
REFERRAL FORM**

13637 60th St. SW, Cokato, MN 55321

Phone: 320-286-2922 x301 Fax: 320-286-3274

Please forward this referral to Karen Jarshaw, Site Coordinator, at the above address

Please have parents sign all necessary release forms. Complete the referral form and return with all the following attachments to VRAP. When all materials have been received, a meeting to discuss possible placement will be scheduled with the student’s team and program staff. If the program is full, the student’s name will be put on a waiting list.

Please attach copies of all the following: (Do not send originals.)

- _____ 1. Current school evaluation summaries (including psychological, academic, functional/behavioral assessment)
- _____ 2. Other relevant assessment information from other agencies
- _____ 3. Current IEP
- _____ 4. Current Health and Immunization Records
- _____ 5. Current School Transcript
- _____ 6. Signed releases of information from parent(s) for all relevant agencies
- _____ 7. Social Security card (for summer work programs)
- _____ 8. Birth Certificate (for summer work programs)

Student Name: _____ Date: _____

DOB: _____ Age: _____ Grade: _____ School Dist. Responsible: _____

Student MARRS #: _____ Student Social Security #: _____

County where student lives: _____

County Case Manager and/or Probation Officer (if applicable): _____ Phone # _____

Home School District Contact Person: _____ Phone # _____

Parent Name(s): _____

Address: _____

Parent Home Phone #s: _____ Parent Work Phone #s: _____

Student’s present address if different than parent’s: Guardian’s Name: _____

Street Address _____

City _____ Zip Code _____ Home Phone _____ Work Phone _____

Other involved persons and relationship to student (such as grandparent, aunt, uncle, big brother/sister, mentor, in-home worker, etc): _____

Give a brief summary of primary reason for referral to the program: _____

Parent/Guardian concerns relative to student and this potential placement: _____

Description of most recent behavioral incident in school, home, community: _____

Has student been involved with the Court system? Yes___ No___ If yes, please explain: _____

Is the student involved in chemical/alcohol use? If yes, estimate to what extent this is a problem for the student: _____

Does the student have difficulty with regular school attendance? If yes, please comment: _____

of days suspended thus far this school year: _____

Does the student have any physical or medical conditions which the program should be aware of? If yes, please explain: _____

Does the student take medication for this or any other condition? If so, list medication, dosage and frequency: _____

Physician's name & phone # related to above: _____

Is the student currently seeing a therapist? Name , agency, phone #: _____

Most recent Mental Health Evaluation and dates administered: _____

Diagnosis: _____

Completed by: _____ Phone #s: _____

Ability/Academic Standard Scores - Date Administered:

Verbal:

Reading:

Performance:

Math:

Full Scale:

Written Language:

Or

Broad Cognitive Standard Score:

Please attach the evaluation information related to special education services.

Student's Strengths:

School Related:

Peer Related:

Family Related:

Community Related:

Hobbies, interests, positive activities:

Student's Challenges:

School Related:

Peer Related:

Community Related:

Family Related:

Please give a brief history of placements and interventions within the last 3 years that have been attempted to help the student overcome his/her challenges. Start with the most recent first. Include special education placements, correctional placements, out of home placements, regular education, interventions and services such as in-home counseling, individual counseling, social services, etc. Provide the approximate dates and degree of success with each at the time for each intervention.

<u>Intervention</u>	<u>Grade</u>	<u>Approx. Date</u>	<u>Degree of Success</u>
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(from: _____ to: _____)

Form Completed by: _____